

Case Number:	CM15-0108941		
Date Assigned:	06/15/2015	Date of Injury:	12/02/2009
Decision Date:	07/14/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/05/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 64 year old female, who sustained an industrial injury on 12/2/09. She has reported initial complaints of low back and neck pain with injury. The diagnoses have included lumbar diskogenic disease and cervical diskogenic disease. Treatment to date has included medications, activity modifications, diagnostics, lumbar epidural steroid injections (ESI), and home exercise program (HEP). Currently, as per the physician progress note dated 4/14/15, the injured worker complains of ongoing low back pain and has seen a neurosurgeon who recommended epidural steroid injection (ESI) and now she would like to proceed with them. She reports stiffness in the low back with radiation down the leg on the right. The physical exam of the lumbar spine reveals spasm of the bilateral trapezius muscle, flexion is 90 degrees, extension is 10 degrees, but at the end point, she has pain in the low back that goes into the right leg. She has positive straight leg raise on the right at 30 degrees and left at 45 degrees. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 5/15/12 reveals multi-level lumbar spondylosis with neural foraminal narrowing. The physician notes that he has reviewed the lumbar Magnetic Resonance Imaging (MRI) that shows disc bulging and that the injured worker had epidural steroid injection (ESI) L5-S1 in July of 2014 with 8 months of pain relief and now the pain is returning. The current medications included Norco and muscle relaxant. There is no previous therapy sessions noted in the records. The physician requested treatments included Epidural steroid injection at L4-L5 under fluoroscopy and Epidural steroid injection at L5-S1 under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Epidural steroid injection at L4-L5 under fluoroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The requested Epidural steroid injection at L4-L5 under fluoroscopy, is medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials; and note in regard to repeat injections: In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The injured worker has ongoing low back pain and has seen a neurosurgeon who recommended epidural steroid injection (ESI) and now she would like to proceed with them. She reports stiffness in the low back with radiation down the leg on the right. The physical exam of the lumbar spine reveals spasm of the bilateral trapezius muscle, flexion is 90 degrees, extension is 10 degrees, but at the end point, she has pain in the low back that goes into the right leg. She has positive straight leg raise on the right at 30 degrees and left at 45 degrees. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 5/15/12 reveals multi-level lumbar spondylosis with neural foraminal narrowing. The physician notes that he has reviewed the lumbar Magnetic Resonance Imaging (MRI) that shows disc bulging and that the injured worker had epidural steroid injection (ESI) L5-S1 in July of 2014 with 8 months of pain relief and now the pain is returning. The treating physician has documented radicular pain, exam and diagnostic evidence of radiculopathy and criteria from previous injection relief to establish the medical necessity for another epidural injection. The criteria noted above having been met, Epidural steroid injection at L4-L5 under fluoroscopy is medically necessary.

Epidural steroid injection at L5-S1 under fluoroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The requested Epidural steroid injection at L5-S1 under fluoroscopy, is medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, pg. 46, Epidural

steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials; and note in regard to repeat injections: In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The injured worker has ongoing low back pain and has seen a neurosurgeon who recommended epidural steroid injection (ESI) and now she would like to proceed with them. She reports stiffness in the low back with radiation down the leg on the right. The physical exam of the lumbar spine reveals spasm of the bilateral trapezius muscle, flexion is 90 degrees, extension is 10 degrees, but at the end point, she has pain in the low back that goes into the right leg. She has positive straight leg raise on the right at 30 degrees and left at 45 degrees. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 5/15/12 reveals multi-level lumbar spondylosis with neural foraminal narrowing. The physician notes that he has reviewed the lumbar Magnetic Resonance Imaging (MRI) that shows disc bulging and that the injured worker had epidural steroid injection (ESI) L5-S1 in July of 2014 with 8 months of pain relief and now the pain is returning. The treating physician has documented radicular pain, exam and diagnostic evidence of radiculopathy and criteria from previous injection relief to establish the medical necessity for another epidural injection. The criteria noted above having been met, Epidural steroid injection at L5-S1 under fluoroscopy is medically necessary.