

Case Number:	CM15-0136640		
Date Assigned:	07/24/2015	Date of Injury:	12/04/2013
Decision Date:	10/20/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/14/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 was a 51 year old male, who sustained an industrial injury, December 4, 2014. The inured was sustained when the injured worker was lifting and twisting at work. The injured worker was lifting 60 pound boxes. According to progress note of October 27, 2014, the injured returned to work with modifications. According to the progress note of February 6, 2015, there was partial relief from the pain from the L5-S1 facet joint and S1 joint injections. The injured worker had quite limited compliance with home exercise program due to pain, after the injection. According to the progress note of May 27, 2015, worker's chief complaint was back pain radiating from the low back down to the anterior thigh and medical calf to the instep and low back down both legs. The injured worker rated the pain at 3 out of 10 with medications and 6 out of 10 without pain medications. According to the progress note the injured worker received a facet joint injection in July 2014 with no relief. The physical exam noted there was restricted range of motion with flexion limited to 48 degrees, extension limited to 8 degrees by pain, right lateral bending limited to 10 degrees and left lateral bending limited to 10 degrees. On palpation, paravertebral muscles, spasms, and tenderness were noted on both sides. The lumbar facet loading was positive. The straight leg raises were positive on the left in the sitting position of 70 degrees. There was tenderness noted over the sacroiliac spine on the left. The deep tendon reflexes, knee and ankle jerk were 2 out of 4 on both sides. The injured worker was undergoing treatment for lumbar radiculopathy, spinal stenosis lumbar, spondylolisthesis, sacroiliac pain and chronic lumbar pain. The injured worker previously received the following treatments Nucynta, Cyclobenzaprine, Etodolac, Norco Hydroxyzine, Indomethacin, Motrin, physical therapy, right

L5-S1 zygapophyseal joint injection and right sacroiliac joint injection on December 3, 2014, a facet joint injection in July 2014 with no relief, L4-L5 transforaminal epidural injection. The RFA (request for authorization) dated June 2, 2015; the following treatments were requested right L5-S1 lumbar epidural injection and left L5-S1 epidural injection. The UR (utilization review board) denied certification on June 26, 2015, repeat injection should be based on continued documentation of pain relief, decreased need for pain medication and functional response, therefore found medically not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 lumbar epidural injection QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a series of three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The patient has the documentation of back pain however previous ESI has not produced documented 50% reduction in pain lasting 6-8 weeks with decrease in medication usage. Therefore the request is not medically necessary.

Left L5-S1 lumbar epidural injection QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a series of three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The patient has the documentation of back pain however previous ESI has not produced documented 50% reduction in pain lasting 6-8 weeks with decrease in medication usage. Therefore the request is not medically necessary.