

Case Number:	CM15-0145223		
Date Assigned:	08/06/2015	Date of Injury:	11/14/2012
Decision Date:	09/02/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 was a 62-year-old female, who sustained an industrial injury, November 14, 2012. The injured worker previously received the following treatments Anaprox, lumbar spine MRI showed multiple levels with disc herniations with foraminal compromise, right knee arthroscopic surgery, physical therapy for the right knee and psychological QME evaluation. The injured worker was diagnosed with degeneration of the lumbar spine, left thoracic and lumbar neuritis, lumbar region strain or sprain. According to progress note of July 13, 2015, the injured worker's chief complaint was low back pain with radiation of pain to the left hip down to the left leg. There was numbness and tingling in the left foot. The injured worker rated the pain at 8 out of 10. A few weeks prior the injured worker was walking and felt a pinch in the back and then fell. The injured worker was having severe low back pain with radiation down both legs, worse on the left than the right. The physical exam noted sciatic tenderness with positive Laseques sign. The injured worker walked with a limp favoring the left lower extremity. The injured worker had benefit for past epidural steroid injection. The treatment plan included epidural steroid inject at L4-L3 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

TF Epidural Injection at L4 L3/L5 S1: Upheld

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

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

Decision rationale: TF Epidural Injection at L4 L3/L5 S1 is not medically necessary per the MTUS Guidelines. The MTUS states that in the therapeutic phase, repeat epidural 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 documentation is not clear that prior epidurals have resulted in at least 50% pain relief with medication reduction for 6-8 weeks. The MTUS states that one of the criteria for the use of epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate evidence of objective imaging studies or electrodiagnostic testing with nerve compromise at the proposed injection levels. For all of these reasons the request is not medically necessary.

Pre-Op Labs CMP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Pre-Op Labs CMP are not medically necessary, as the request for TF Epidural Injection at L4 L3/L5 S1 is not medically necessary per the MTUS Guidelines. The MTUS states that in the therapeutic phase, repeat epidural 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 documentation is not clear that prior epidurals have resulted in at least 50% pain relief with medication reduction for 6-8 weeks. The MTUS states that one of the criteria for the use of epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate evidence of objective imaging studies or electrodiagnostic testing with nerve compromise at the proposed injection levels. For all of these reasons the request for an epidural steroid injection and therefore pre-op labs are not medically necessary.

Pre-Op Labs PT/PTT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Pre-Op Labs PT/PTT are not medically necessary as the request for TF Epidural Injection at L4 L3/L5 S1 is not medically necessary per the MTUS Guidelines. The MTUS states that in the therapeutic phase, repeat epidural 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 documentation is not clear that prior epidurals have resulted in at least 50% pain relief with medication reduction for 6-8 weeks. The MTUS states that one of the criteria for the use of epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate evidence of objective imaging studies or electrodiagnostic testing with nerve compromise at the proposed injection levels. For all of these reasons the request for an epidural steroid injection and therefore pre-op labs are not medically necessary.