

Case Number:	CM15-0147022		
Date Assigned:	08/10/2015	Date of Injury:	10/28/2008
Decision Date:	09/09/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	07/28/2015

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: Preventive Medicine, Occupational 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 45 year old male who sustained an industrial injury on October 28, 2008. The injured worker reported climbing down a pole where he lost his footing and fell injuring his lower back pain. The injured worker was diagnosed as having recurrent lumbar herniated disc at L5-S1 with right radiculopathy. Lumbar MRI in 2012 showed a 3 mm herniated disc at L5-S1 with lateral recess stenosis on the right side and a repeat lumbar MRI in Feb 2015 showed 8 mm L5-S1 disc herniation with right lateral recess stenosis at L5-S1. Treatment to date has included medication, lumbar epidural steroid injections, physical therapy and surgery (L5-S1 microdiscectomy in 2009). Documentation from March 05, 2015 noted that the injured worker had prior epidural steroid injection in 2009 which was ineffective in alleviating the injured worker's pain but a subsequent epidural injection in 2011 helped a great deal. Exam showed normal gait, tenderness in lumbar paravertebral muscles, limited lumbar range of motion and positive straight leg test on the right. In a progress note dated July 16, 2015 the treating physician reported continued pain to the low back that radiated to the right leg. The injured worker's pain level was rated 8/10. No exam was documented for that visit. The treating physician requested a repeat epidural steroid injection to L5-S1 and pre-operative medical clearance prior to injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd Epidural Steroid Injection (L5-S1) sacroiliac: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 309-10, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Chronic Regional Pain Syndrome (sympathetic and epidural blocks) Page(s): 39-40, 46. Decision based on Non-MTUS Citation American Society of Interventional Pain Physician: Comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations.

Decision rationale: The best medical evidence today for individuals with low back pain indicates that having the patient return to normal activities provides the best outcomes. Therapy should be guided, therefore, with modalities that will allow this outcome. Epidural steroid injections are an optional treatment for pain caused by nerve root inflammation as defined by pain in a specific dermatome pattern consistent with physical findings attributed to the same nerve root. As per the MTUS the present recommendations are for no more than 2 such injections, the second being done only if there is at least a partial response from the first injection. Its effects usually will offer the patient short-term relief of symptoms, as they do not usually provide relief past 3 months, so other treatment modalities are required to rehabilitate the patient's functional capacity. The American Society of Interventional Pain Physicians (ASIPP) found limited evidence for accuracy of diagnostic nerve blocks but recommends diagnostic selective nerve root blocks in the lumbar spine in select patients with an equivocal diagnosis and involvement of multiple levels. Therapeutically, ASIPP noted good evidence for use of epidural steroid injections for managing disc herniation or radiculitis; fair evidence for axial or discogenic pain without disc herniation, radiculitis or facet joint pain with caudal and lumbar interlaminar epidural injections, and limited evidence with transforaminal epidural injections. The MTUS provides very specific criteria for use of epidural steroid injection therapy. Specifically, the presence of a radiculopathy documented by examination and corroborated by imaging, and evidence that the patient is unresponsive to conservative treatment. This patient has had slowly worsening pain over the last few years despite conservative therapy. A recent epidural steroid injection did lessen his pain and imaging studies do show neuroforaminal narrowing and worsening disc herniation at L5-S1. The exam documents a radicular nature to the patient's symptoms; however, it is non-specific for an L5-S1 radiculopathy. Electromyographic studies could help understand the cause of the radicular symptoms but since the MRI doesn't document neural impingement at other lumbar levels the cause most likely involves the right L5-S1 nerve root. Considering all the above discussion, a second lumbar epidural injection is an option in therapy. Medical necessity has been established.

Pre operative medical clearance prior to injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127; Merck Manual - special subjects, preoperative evaluation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): Chp 2 pg 21-2; Chp 5 pg 79, 89-90, 92.

Decision rationale: Decision on when to refer to another provider is based on the ability of the referring provider to manage the patient's disease. It relates to the provider's comfort point with the patient's medical situation and the provider's training to deal with that situation. The provider in this case has requested referral for pre-operative screening prior to an invasive procedure. Pre-operative medical screening is considered standard of care in order to prevent inadvertent injuries to the patient. The referral to another provider to do this evaluation is appropriate if the referring provider does not feel comfortable doing this evaluation. This is implied when a provider requests a referral. Medical necessity for referral has been established