

Case Number:	CM15-0168090		
Date Assigned:	09/09/2015	Date of Injury:	05/05/2006
Decision Date:	10/27/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/26/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 51 year old male who sustained an industrial injury on 05-05-2006 when he was involved in a motor vehicle accident. He reported pain to his head, neck, back and face. He had a laceration to the left index finger and underwent surgical repair of the extensor tendon. He was also diagnosed with facial fractures. According to a progress report dated 07-22-2015, the injured worker complained of pain in the lower back with radicular symptoms into the right and left leg. Symptoms were aggravated with prolonged sitting, standing, walking and lifting. He reported that he had 50% relief from a first injection and wanted to proceed with a second injection. He reported pain in the left knee that was aggravated with repetitive kneeling, squatting and lifting. "Overload pain in right knee" was also noted. He reported locking in the left thumb with flexion and extension. Objective findings included lumbar spine range of motion: flexion 50 degrees, extension 20 degrees, lateral bending right 20 degrees and left 20 degrees. Straight leg raise was positive at 75 degrees right and left. There was tightness and spasm in the lumbar paraspinal musculature noted bilaterally. There was hypoesthesia along the anterior lateral aspect of the foot and ankle, L5 and S1 dermatome level bilaterally. There was weakness with big toe dorsi flexion and big toe plantar flexion bilaterally. Examination of the left knee demonstrated medial joint line tenderness on the left. Chondromalacia patellar compression test was positive on the left. Examination of the right knee demonstrated a positive McMurray's test on the right. There was medial joint line tenderness on the right. Accepted diagnoses included herniated lumbar disc with radiculitis-radiculopathy, positive MRI, positive electromyography, left index flexion contracture, first MCP joint, status post repair of laceration, DIP joint and left knee status post partial medial and lateral meniscectomy with residual varus

deformity with internal derangement of the left knee with residual chronic tendinitis post traumatic and internal derangement right knee with residual varus deformity post traumatic positive MRI. Other diagnoses included cervical disc lesion with radiculitis-radiculopathy. Conservative measures have included physical therapy, acupuncture and chiropractic with transient relief. Pain persisted despite rest, use of oral anti-inflammatories and pain medications. The treating provider noted that MRI scans demonstrated evidence of degenerative lumbar disk disease with herniated nucleus pulposus at the L4, L5 and L5, S1 levels. Electromyography/ nerve conduction studies demonstrated radicular findings. The treatment plan included a lumbar epidural steroid injection, physical therapy for the cervical spine, right knee and left knee and ultrasound-guided cortisone injection for the right and left knee. The provider noted that the injured worker would require laboratory tests that included CBC, SMA7, PT, PTT with INR and UA prior to injections for surgical procedure clearance. An authorization request dated 07-22-2015 was submitted for review. The requested services included a second lumbar spine epidural steroid injection at the levels of L4-L5 and L5-S1 and outpatient labs. On 08-14-2015, Utilization Review non-certified second lumbar spine epidural steroid injection at L4-L5 and L5-S1, preoperative lab: CBC, preoperative lab: SMA7, preoperative lab: PT-PTT with INR, preoperative lab: urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second lumbar spine epidural steroid injection at L4-L5 and L5-S1: 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: Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). ESIs can offer short-term pain relief and use should be in conjunction with other rehab efforts. The purpose of ESIs 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. Research has shown that, on average, less than two injections are required for a successful ESI outcome. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. The CA MTUS guidelines state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, the patient had 50 % benefit from an epidural steroid injection one month ago lacking the documentation of the 6 weeks of at least 50% pain relief as recommended by MTUS. Medical necessity for the requested epidural L5-S1 has not been established. The requested ESI is not medically necessary.

Preoperative lab: CBC: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Preoperative lab: SMA7: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Preoperative lab: PT/PTT with INR: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Preoperative lab: Urinalysis: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.