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| Case Number: | CM15-0182767 | | |
| Date Assigned: | 09/23/2015 | Date of Injury: | 04/22/2015 |
| Decision Date: | 11/06/2015 | UR Denial Date: | 09/03/2015 |
| Priority: | Standard | Application Received: | 09/17/2015 |

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 30 year old male, who sustained an industrial injury on 4-22-2015. He reported a low back injury from repetitive activity. Diagnoses include lumbar disc extrusion and lumbar radiculopathy. A lumbar spine MRI dated 5-26-15, was documented to reveal multilevel disc protrusion, disc desiccation, and facet changes with stenosis. Treatments to date include activity modification, medication therapy, physical therapy, and epidural steroid injection. Currently, he complained of ongoing low back pain rated 5-6 out of 10 VAS. There was an epidural steroid injection provided on 8-4-15, noted to provide "some relief when he extends his left leg out, but otherwise the pain is still there." On 8-19-15, the physical examination documented lumbar tenderness, decreased range of motion, and a positive left side straight leg raise test and a positive FABER sign and positive thigh thrust. The plan of care included a second epidural steroid injection and medication management. The appeal requested authorization for lumbar epidural steroid injection at L5-S1. The Utilization Review dated 9-3-15, denied the request per California Medical treatment Utilization Schedule (MTUS) Guidelines and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

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

Decision rationale: The patient presents with pain in the low back and left side pain that radiates into the left leg and thigh. The current request is for a lumbar epidural steroid injection at L5-S1. The patient is status post ESI under fluoroscopy at L4-L5, 8/4/15 (37D). The treating physician states on 8/19/15 (11B) "We are going to recommend for second epidural steroid injection." MTUS guidelines state the following criteria regarding ESI's: "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing," and "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." MTUS additionally states that, "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." ODG further clarifies this recommendation by stating the following: "Current research does not support a routine use of a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections for the initial phase and rarely more than 2 for therapeutic treatment." In this case, although the patient received an ESI on 8/4/15 the treatment area was at L4-L5. The current request is for the L5-S1 level. The treating physician has documented that the patient has low back pain that radiates into the lower left extremity with burning, numbness and sharp pain. Examination also reveals positive straight leg raise on the left. An MRI completed on 5/26/15 (D44) shows at L5-S1 disc protrusion with disc desiccation present. Moderate to severe lateral recess stenosis is present bilaterally with findings consistent with an extruded posterior herniated disc. The treating physician has met the necessary criteria as outlined in the MTUS Guidelines. The current request is medically necessary.