

Case Number:	CM15-0183170		
Date Assigned:	09/24/2015	Date of Injury:	05/30/2014
Decision Date:	11/09/2015	UR Denial Date:	09/10/2015
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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 female, who sustained an industrial-work injury on 5-30-14. A review of the medical records indicates that the injured worker is undergoing treatment for lumbago. Medical records dated (4-25-15 to 8-27-15) indicate that the injured worker complains of low back pain that radiates to the left leg. The pain is rated 7 out of 10 on pain scale and the pain is worse with motion and movements. Per the treating physician report dated 8-27-15 work status is modified with restrictions. The physical exam dated from (4-25-15 to 8-27-15) reveals lumbar paraspinal tenderness, decreased lumbar range of motion, and positive Fabere on the left. Treatment to date has included pain medication including Hydrocodone, Diclofenac and Omeprazole, physical therapy at least 8 sessions, diagnostics, and other modalities. The medical record dated 4-25-15 the physician indicates that the lumbar Magnetic resonance imaging (MRI) dated 9-22-14 reveals mild bilateral facet arthropathy, and posterior disc bulge that does not impinge. The request for authorization date was 8-27-15 and requested services included Pain management consult and treatment for lumbar spine for epidural steroid injection (ESI) X 1. The original Utilization review dated 9-10-15 non-certified the request as per the guidelines the Magnetic Resonance Imaging (MRI) showed no evidence of Herniated Nucleus Pulposus (HNP) or root impingement to warrant the epidural steroid injection (ESI). There is no physical exam to warrant the request and no indication of failure of conservative care to warrant an epidural steroid injection (ESI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult and treat for lumbar spine for ESI X 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 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 documentation submitted for review does not contain physical exam findings of radiculopathy or clinical evidence of radiculopathy. MRI of the lumbar spine dated 9/22/14 revealed desiccation of the disc material at L5-S1 without posterior disc protrusion or cause for impingement; negative at other levels. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented. Treatment with lumbar epidural steroid injection is not indicated. The request is not medically necessary.