

Case Number:	CM15-0183711		
Date Assigned:	09/24/2015	Date of Injury:	11/15/2010
Decision Date:	11/06/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/18/2015

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: 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:

This is a 46 year old male with a date of injury of November 15, 2010. A review of the medical records indicates that the injured worker is undergoing treatment for cervical discogenic pain and lumbar discogenic pain. Medical records dated June 22, 2015 indicate that the injured worker complains of neck pain and lower back pain. A handwritten progress note dated August 3, 2015 notes subjective complaints of neck pain and lower back pain rated at a level of 7 out of 10 that has decreased. The physical exam dated June 22, 2015 reveals decreased range of motion of the cervical spine, with spasm and tenderness to palpation, and decreased range of motion of the lumbar spine with spasm and tenderness to palpation. The handwritten progress note dated August 3, 2015 documented a physical examination that showed tenderness to palpation of the cervical and lumbar spine. Portions of the progress note dated August 3, 2015 were difficult to decipher. Treatment has included physical therapy, Medications (Norco, Flexeril, Prilosec and Naproxen since at least February of 2015), acupuncture, back surgery, and magnetic resonance imaging of the lumbar spine (April 14, 2015) that showed spondylosis of the lumbar spine, disc desiccation at L2 through S1, multilevel disc protrusion with bilateral neural foraminal narrowing, and no evidence of stenosis. The original utilization review (August 18, 2015) non-certified a request for lumbar epidural steroid injections at L4-5 #2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar epidural steroid injection, L4-L5 qty: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic chapter (Acute & Chronic), under Epidural steroid injections.

Decision rationale: The patient presents with pain in the cervical and lumbar spines. The request is for BILATERAL LUMBAR EPIDURAL STEROID INJECTION, L4-L5 QTY: 2. Patient is status post low back surgery, date unspecified. Physical examination to the lumbar spine on 06/22/15 revealed tenderness to palpation with spasm; range of motion was noted to be decreased. Patient's treatments have included medication, chiropractic and physical therapy. Per 08/03/15 Request For Authorization, patient's diagnosis include cervical discogenic pain, and lumbar discogenic pain. Patient's medication, per 07/23/15 progress report include Norco. Patient's work status was not specified. MTUS Chronic Pain Medical Treatment Guidelines, under Epidural Steroid Injections (ESIs), pages 46 and 47 has the following "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "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." ODG guidelines, chapter 'Low Back -Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic', state that "At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections." In progress report dated 06/22/15, treater's reason for the request is to reduce inflammation, decrease pain and restore function. Review of the medical records provided did not indicate prior ESI injection at the levels requested. The patient continues with low back pain radiating to the bilateral lower extremities. MRI findings of 04/14/15 t L4-L5 level showed posterior annular tear within the intervertebral disc, 2mm broad based posterior disc protrusion effacing the ventral surface of the thecal sac resulting in bilateral neural foraminal narrowing, the central was adequately patent, bilateral existing nerve root compromise was seen. Given the patient's radicular pain and corroborated image findings, the request would be indicated. However, the guidelines do not support a series of two injections without seeing a partial response from the first injection. Therefore, the request IS NOT medically necessary.