

Case Number:	CM15-0185036		
Date Assigned:	09/25/2015	Date of Injury:	01/24/1994
Decision Date:	11/06/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/21/2015

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: Georgia
 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 68-year-old female who sustained an industrial injury 01-24-94. A review of the medical records reveals the injured worker is undergoing treatment for major depression, cervical arthropathy and radiculopathy, status post cervical fusion, lumbar facet arthropathy and radiculopathy, right hand pain, bilateral hip pain, insomnia, chronic pain, post-traumatic stress disorder and de-conditioned state. Medical records (08-17-15) reveal the injured worker complains of pain in the bilateral upper and lower extremities, as well as the abdomen, headaches, and insomnia due to the pain. The pain is rated at 10/10 without medications and 8/10 with medications. The pain was rated at 9/10 with medications on 04-13-15, and 8/10 with medications on 06-22-15. Limitations on the performance of activities of daily living are rated at 9/10 on 06-22-15 and 08-17-15, and are unrated on 04-13-15. The physical exam (08-17-15) reveals lumbar spasm, tenderness upon palpation, and "moderately limited" range of motion, as well as decreased sensitivity to touch and decreased strength along the L4-S1 dermatome. Prior treatment includes medications, psychological counseling, cervical fusion, TENS unit, pool therapy, and lumbar epidural steroid injection. The treating provider reports the MRI of the lumbar spine on 1-25-14 reveals moderately severe lumbar spondylosis, a posterior disc protrusion, and osteophyte disc complexes. The original utilization review (09-04-15) non-certified the request for bilateral L5-S1 epidural steroid injection under fluoroscopy and Lidocaine 5% 120 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 interlaminar epidural steroid injection under fluoroscopy: Upheld

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

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

Decision rationale: Left L5-S1 interlaminar epidural steroid injection under fluoroscopy is not medically necessary. The California MTUS page 47 states the purpose of epidural steroid injections 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 is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections. The physical exam and MRI results does not corroborate lumbar radiculitis for which the procedure was requested. Additionally, the guidelines recommend no more than 1 interlaminar level; The request is for right and left; therefore the service is not medically necessary.

Right L5-S1 interlaminar epidural steroid injection under fluoroscopy: Upheld

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

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

Decision rationale: Right L5-S1 interlaminar epidural steroid injection under fluoroscopy is not medically necessary. The California MTUS page 47 states the purpose of epidural steroid injections 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 is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections. The physical exam and MRI results does not corroborate lumbar radiculitis for which the procedure was requested. Additionally, the guidelines recommend no more than 1 interlaminar level; The request is for right and left; therefore the service is not medically necessary.

Lidocaine 5% ointment 120g #1: 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): Topical Analgesics.

Decision rationale: Lidocaine 5% ointment 120 g #1 is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Additionally, Per CA MTUS page 111 states that topical analgesics such as lidocaine are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. (anti-depressants or AED) Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. Per CA MTUS topical analgesic such as Lidocaine is not recommended for non-neuropathic pain. The request is not medically necessary.