

Case Number:	CM15-0188305		
Date Assigned:	09/30/2015	Date of Injury:	01/12/2015
Decision Date:	11/10/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/24/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 29 year old male who sustained an industrial injury on 01-12-2015. Treatment to date has included chiropractic care and physical therapy. According to an initial comprehensive consultation report dated 08-18-2015, the injured worker reported persistent pain in the low back region, radiating pain to the right lower extremity and occasional numbness and tingling of the right lower extremity. Radiation was up to the gluteal region and posterior aspect of the right thigh. He also reported persistent pain, buckling and lock of the right knee. Examination of the low back demonstrated mild to moderate degree of muscle spasm, no trigger point tenderness, forward flexion limited at 80% normal, straight leg raise test 90 degrees of both sides and positive Lasegue's test on the right side. Sensory, motor and reflex examinations of the lower extremities were intact. Thigh muscles, quadriceps, hamstrings, dorsiflexion of the ankle, plantar flexion of the foot and ankle revealed no weakness, grade 5 out of 5. Reflexes were intact. Sensory examination did not show any abnormality. There was no evidence of any paresthesia of the pinprick present. An MRI of the lumbar spine was performed at two different facilities on the same day on 03-17-2015. Results from one facility showed a 4 millimeter right paracentral herniated disc at L4-L5 level. Results from the other facility showed a 2.5 paracentral herniated disc at L4-L5 level. Impression included right paracentral herniated disc L4-L5 with right sided radiculopathy, internal derangement right knee rule out meniscal tear right knee and resolved contusion of both hands, both elbow and both hips. The treatment plan included referral to pain specialist for epidural steroid injection of the lumbosacral spine. The provider noted that the injured worker may benefit from additional physical therapy for the lower back and right knee. MRI of the right knee was recommended. The provider noted that the injured worker could perform modified duties. An authorization request dated 08-19-2015 was submitted for review. The requested services included referral to pain specialist for epidural injection of lumbosacral

spine. On 08-26-2015, Utilization Review non-certified the request for referral to pain specialist for lumbar epidural steroid injection right L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to pain specialist for lumbar epidural steroid injection (ESI) right L4/5:

Overtured

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: According to CA MTUS/ACOEM Chronic Pain Medical Treatment Guidelines, page 46, the criteria for the use of Epidural steroid injections are provided: Note: The purpose of ESI 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. 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. In this case, one MRI report from 3/18/15 documents a 4 mm right posterior lateral protrusion. A second MRI report from the same date reports a 5mm right paracentral disk protrusion causing moderate narrowing of the right lateral recess. The exam note from 8/17/15 demonstrates the injured worker has positive straight leg raise and Leseague's test on the right with normal sensory and motor exam. He has attempted a course of chiropractic treatment and physical therapy and has persistent radicular symptoms. The guidelines for a trial of ESI have been met and therefore this procedure is medically necessary.