

Case Number:	CM15-0190900		
Date Assigned:	10/05/2015	Date of Injury:	03/06/1995
Decision Date:	11/10/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/28/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 on 3-6-05. The injured worker was diagnosed as having lumbar radiculopathy; S1 nerve root irritation; sacroiliac joint arthropathy; failed back surgery; lumbar arachnoiditis. Treatment to date has included status post lumbar laminectomy with fusion L5-S1 (1995); physical therapy; bilateral sacroiliac joint injection (4-20-15); cane-walker; medications. Diagnostics studies included MRI lumbar spine (12-29-14); EMG-NCV lower extremities (3-3-15); bone scan (5-29-15). Currently, the PR-2 notes dated 8-18-15 indicated the injured worker complains of back pain that radiates to left lower extremity, buttock pain and neck pain. The provider documents regarding EMG results "It showed that she has got an S1 irritation on the left side for which I am going to request transforaminal epidural injections at least at three levels L4, L5 and S1. The patient does have an MRI that was done recently, however, it was poorly read and we are requesting a radiologist re- read the MRI and tell me if there is any disc protrusion, narrowing of the disc foramen, or any facet arthropathy on his findings. The patient is off currently tramadol and Lamictal. She is only taking ibuprofen for which I will change it to Duexis, which is an antacid." Her medications are listed as: stool softer, ibuprofen, Zovirax, Depakote and Zolof. She has had neck and back surgery in 1995. On physical examination the provider documents: "Pain level is 3 and at worse is 10." His treatment plan is for the transforaminal epidural steroid injections and Vitamin D. There were no lab values submitted with this medical documentation. A Request for Authorization is dated 9-23-15. A Utilization Review letter is dated 9-8-15 and non-certification for L3-4 three level transforaminal epidural steroid injection and Vitamin D

50,000 units #6. A request for authorization has been received for L3-4 three level transforaminal epidural steroid injection and Vitamin D 50,000 units #6.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4 three level transforaminal epidural steroid injection: 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): Epidural steroid injections (ESIs).

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: 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. The patient has the documentation of back pain however there is no included imaging or nerve conduction studies in the clinical documentation provided for review that collaborates dermatomal radiculopathy found on exam for the requested level of ESI. Therefore criteria have not been met and the request is not medically necessary.

Vitamin D 50,000 units #6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 09/03/2015), Online version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) vitamin D.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that vitamin D is not recommended in the treatment of chronic pain. The patient also does not have a documented vitamin D deficiency due to industrial incident. Therefore there is not a documented clinical need for this medication. Therefore the request is not medically necessary.