

Case Number:	CM15-0193182		
Date Assigned:	10/06/2015	Date of Injury:	04/07/2013
Decision Date:	11/16/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/30/2015

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: Preventive Medicine, Occupational Medicine

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 57 year old male, who sustained an industrial injury on 4-7-2013. Medical records indicate the worker is undergoing treatment for lumbar 4-5 spondylolisthesis. A recent progress report dated 8-10-2015, reported the injured worker complained of low back pain and bilateral leg pain and weakness. Physical examination revealed decreased lumbar range of motion and lumbar 4-5 facet tenderness. Lumbar magnetic resonance imaging from 6-5-2015 showed lumbar 3-4 broad disc bulge and moderate central stenosis. Treatment to date has included 12 physical therapy visits, home exercise program and medication management. On 8-29-2015, the Request for Authorization requested Lumbar Epidural Steroid Injection number one at lumbar 5-sacral 1 bilaterally and Motorized Cold Therapy Unit purchase, post LESI (lumbar epidural steroid injection). On 9-2-2015, the Utilization Review noncertified the request for Lumbar Epidural Steroid Injection number one at lumbar 5-sacral 1 bilaterally and Motorized Cold Therapy Unit purchase, post LESI (lumbar epidural steroid injection).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection number one at L5-S1 bilateral: Overturned

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

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

Decision rationale: Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment. 3) Injections should be performed using fluoroscopy for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block. 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. 8) No more than 2 ESI injections. In this case, the injured worker is diagnosed with lumbar 4-5 spondylolisthesis with radiculopathy. Physical examination and MRI corroborate Radiculopathy. The injured worker has failed with the use of medication, physical therapy and home therapy, therefore, the request for lumbar epidural steroid injection number one at L5-S1 bilateral is determined to be medically necessary.

Motorized Cold Therapy Unit purchase, post LESI (lumbar epidural steroid injection):
Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Cold Packs Section.

Decision rationale: MTUS guidelines support the use of at-home local applications of cold in first few days of acute complaint; thereafter, applications of heat or cold. The ODG supports the use of cold packs as an option for acute pain. The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. Per the guidelines, alternative methods of cold therapy are not shown to be superior in outcome to home applied cold packs/therapy, therefore, the request for motorized cold therapy unit purchase, post LESI (lumbar epidural steroid injection) is determined to not be medically necessary.