

Case Number:	CM15-0194206		
Date Assigned:	10/08/2015	Date of Injury:	03/24/2005
Decision Date:	11/24/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/02/2015

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:

The injured worker is a 53 year old male, who sustained an industrial injury on 3-24-2005. The injured worker is undergoing treatment for: discogenic syndrome of lumbar, lumbar facet arthropathy. On 8-24-15, he provider noted that there had been 90 percent improvement with epidural blocks given in February and April 2014. One given in October 2014, helped for 8 weeks with no notation of a percentage of relief. On 9-21-15, he reported having had a recent heart attack and recovery. He reported continued back and bilateral leg pain. He indicated feeling that his legs were getting weaker. He utilizes a cane for ambulation. The provider noted that he had pain from the neck down to the legs on the right and pain was less on the left. The provider also noted that the injured worker had been unable to wean from narcotics. Physical examination revealed decreased lumbar spine range of motion, positive bilateral straight leg raising, and need for a cane to stand up from a sitting position, and decreased bilateral leg strength, and trigger points noted. The treatment and diagnostic testing to date has included: medications, CT lumbar spine (date unclear) reported as revealing disc disease at multiple levels, previous lumbar blocks (2-24-14, 4-21-14, 11-29-14). Medications have included: Vicodin, Flexeril, Plavix, levothyroxine, Lisinopril, Crestor, Pamelor, amrix, Ultram, Protonix. Current work status: unclear. The request for authorization is for: lumbar epidural steroid injection with anesthesia and fluoroscopy. The UR dated 9-24-2015: non-certified the request for lumbar epidural steroid injection with anesthesia and fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection with anesthesia and fluoroscopy: Upheld

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: The patient presents with backache, bilateral leg pain, bilateral shoulder pain, and right groin pain. The request is for Lumbar epidural steroid injection with anesthesia and fluoroscopy. The request for authorization is not provided. CT of the lumbar spine shows disc disease at multiple levels, actual study not provided for review. Physical examination of the lumbar spine reveals flexion 15 degrees with patient standing with pain at the low back with radiation down the bilateral legs, to the great toes, worse on the right. Extension 5 degrees with pain at the low back bilaterally (lumbar fact pain), straight leg raising bilaterally to 20 degrees with pain at the low back with radiation down the ipsilateral leg. Patient's medications include Vicodin, Flexeril, Plavix, Levothyroxine, Lisinopril, and Crestor. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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." Per progress report dated 09/21/15, the treater's reason for the request is "Appealing the denial of the request for a lumbar epidural steroid injection with anesthesia on March 9, 2015." Per the same report, treater notes, "He got a lot of improvement (90%) with the first two epidural cortisone blocks (in February and April, 2014). The block he got on October 29, 2014 also helped a lot for 8 weeks and then faded." In this case, radicular symptoms are documented with dermatomal distribution of pain along with physical examination findings. However, although treater mentions a CT scan of the lumbar spine, the actual study results was not provided for review. Given the lack of dermatomal distribution of pain documented by physical examination findings and corroborated by imaging studies, the request does not appear to meet MTUS guidelines indication. Therefore, given the lack of documentation, the request is not medically necessary.