

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0211639 | | |
| Date Assigned: | 10/30/2015 | Date of Injury: | 12/11/2008 |
| Decision Date: | 12/14/2015 | UR Denial Date: | 09/29/2015 |
| Priority: | Standard | Application Received: | 10/28/2015 |

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: Washington, 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 65 year old male who sustained an industrial-work injury on 12-11-08. He reported initial complaints of left shoulder pain, lumbar pain, and bilateral hand and wrist pain. The injured worker was diagnosed as having lumbar discogenic disease, lumbar spine chronic sprain-strain, chronic low back pain, left shoulder impingement with tendinitis, and bilateral carpal tunnel syndrome. Comorbid conditions includes obesity (BMI 37.1). Treatment to date has included medication, home exercise program (HEP), and use of H-wave unit. Currently, the injured worker complains of severe and chronic low back pain that was rated 8 out of 10 without medication and 2-3 out of 10 with Norco. Medication helped to perform ADL's (activities of daily living). Per the primary physician's progress report (PR-2) on 9-22-15, exam of the back and lower extremities noted lumbar paravertebral muscle spasms, tenderness over the paraspinal musculature, decreased lumbar range of motion, positive Lasegue bilaterally, positive straight leg raise to 45 degrees bilaterally, and intact motor function. Plan of care included continue HEP, replacement of worn H-wave unit, urine drug screening, and epidural steroid injections. The Request for Authorization requested service to include Lumbar Epidural Steroidal Injection (1), L3-L4, L4-L5, L5-S1 bilateral. The Utilization Review on 9-29-15 denied the request for Lumbar Epidural Steroidal Injection (1), L3-L4, L4-L5, L5-S1 bilateral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroidal Injection (1), L3-L4, L4-L5, 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 Low Back Complaints 2004, Section(s): General Approach, Initial Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation American Society of Interventional Pain Physician: Comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations.

Decision rationale: The best medical evidence today for individuals with low back pain indicates that having the patient return to normal activities provides the best outcomes. Therapy should be guided, therefore, with modalities that will allow this outcome. Epidural steroid injections are an optional treatment for pain caused by nerve root inflammation as defined by pain in a specific dermatome pattern consistent with physical findings attributed to the same nerve root. As per the MTUS the present recommendations are for no more than 2 such injections, the second being done only if there is at least a partial response from the first injection. Its effects usually will offer the patient short-term relief of symptoms, as they do not usually provide relief past 3 months, so other treatment modalities are required to rehabilitate the patient's functional capacity. The American Society of Interventional Pain Physicians (ASIPP) found limited evidence for accuracy of diagnostic nerve blocks but recommends diagnostic selective nerve root blocks in the lumbar spine in select patients with an equivocal diagnosis and involvement of multiple levels. Therapeutically, ASIPP noted good evidence for use of epidural steroid injections for managing disc herniation or radiculitis; fair evidence for axial or discogenic pain without disc herniation, radiculitis or facet joint pain with caudal and lumbar interlaminar epidural injections, and limited evidence with transforaminal epidural injections. The MTUS provides very specific criteria for use of this therapy. Specifically, the presence of a radiculopathy documented by examination and corroborated by imaging, and evidence that the patient is unresponsive to conservative treatment. For this patient there is suggestive documentation on history and examination of the radicular nature of the patient's symptoms but this is not corroborated by MRI or electromyographic studies. The records also lack evidence that the patient is unresponsive to conservative therapy. Without this documentation the request does not meet the MTUS criteria. At this point in the care of this patient, medical necessity for this procedure has not been established.