

Case Number:	CM15-0217280		
Date Assigned:	11/09/2015	Date of Injury:	09/15/2011
Decision Date:	12/24/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/04/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 48 year old female, who sustained an industrial injury on 09-15-2011. A review of the medical records indicates that the worker is undergoing treatment for lumbar back pain, reflex sympathetic dystrophy of the lower limb, pain in joint, ankle and foot, left and rule out back pain, lumbar with radiculopathy. Treatment has included Kadian, Dilaudid, Gabapentin, Terazosin, spinal cord stimulator placement, trigger point injections and lumbar epidural steroid injection. During a 06-10-2015 progress note, the physician indicated that the worker's last lumbar epidural steroid injection (LESI) was on 01-05-2014 and had reported that the injection reduced pain by about 50% and increased functionality noticeably with benefits lasting about 5 months and was requesting a repeat. A request for repeat LESI was submitted. On 07-09-2015, the worker reported bilateral leg, hip, knee, left low back and bilateral ankle and foot pain. Frequency was noted as constant with least pain with medications noted as 1 out of 10 and most pain without medications noted as 9 out of 10. There were objective musculoskeletal or neurologic examination findings documented. The physician noted that the request for LESI was pending. During a 08-06-2015 progress note, the worker reported significant improvement of greater than 50% since her last surgery with her spinal cord stimulator and the frequency of pain was noted to be improving. Pain was rated as low as 2 out of 10 with medication to as high as 8 out of 10 without medications. No abnormal objective findings were documented. Gabapentin and Kadian medications were decreased. Subjective complaints (09-02-2015) included pain in the bilateral legs, neck, hips, knees, left low back and bilateral ankles and feet with numbness, tingling, weakness and tremors. The frequency of pain was noted to be

worsening and was listed as 2 out of 10 at best, 4 out of 10 average and 6 out of 10 at worse with medication and the least pain as 6 out of 10, average pain 7 out of 10 and worst pain as 9 out of 10 without medications. Objective findings (09-02-2015) included taut band and pain on palpation at maximal point of tenderness at the left thoracolumbar fascia muscles and left paraspinal muscles at L4-L5 levels were trigger point injections were administered. The physician noted that the worker had a previous LESI that had reduced pain 70% lasting 2 months. There was no documentation submitted immediately after the injection to support significant pain relief or objective functional improvement with use. The physician noted that LESI was being requested. The physician encouraged the worker to continue with her home exercise program. Trigger point injections were delivered to the left thoracolumbar fascial muscles and left paraspinal muscles at the L4-L5 level. A utilization review dated 10-08-2015 non-certified a request for Lumbar interlaminar epidural steroid injection at L4-L5 level with fluoroscopy and monitored sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Interlaminar Epidural Steroid Injection at L4-L5 Level with Fluoroscopy and Monitored Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Epidural steroid injections (ESIs).

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

Decision rationale: Regarding the request for 1 Lumbar Interlaminar Epidural Steroid Injection at L4-L5 Level with Fluoroscopy and Monitored Sedation, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or two transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there is no indication of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks as well as functional improvement from previous epidural injections. As such, the currently requested 1 Lumbar Interlaminar Epidural Steroid Injection at L4-L5 Level with Fluoroscopy and Monitored Sedation is not medically necessary.