

Case Number:	CM15-0219540		
Date Assigned:	11/12/2015	Date of Injury:	12/30/2014
Decision Date:	12/29/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/09/2015

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 47 year old female who sustained an industrial injury on December 30, 2014. The worker is being treated for: closed head trauma, scalp contusion, low back strain and sprain; PTSD. Subjective: December 30, 2014 she reported head pain and injury. December 31, 2015 she reported at follow up of having headache, emesis continued and with a difficult time trying to get nausea and pain under control. There is also complaint of low back pain radiating to right leg just behind the knee. She reported awakening during the night and screaming with feelings of not wanting to be alone, can't relax or focus. February 2015 she reported complaint of frontal head pain improved and noted with less headaches. Objective: December 30, 2015 noted positive lumbar tenderness to palpation and reproduced pain. Diagnostic: December 2014 CT head, lumbar spine. Medication: December 2014: Norco and Zofran prescribed and dose increased the following day at follow up attempting to control symptoms. January 2015: prescribed Trazodone for insomnia. October 06, 2015 noted trialed medications: Soma, Robaxin, Motrin, and Hydrocodone APAP. October 19, 2015: Elavil, Klonopin, Remeron. Treatment: initial evaluation, radiographic study, medications, exercises, January 2015 noted a PT evaluation (1 of 8), February 2015 scheduled psychiatric evaluation; July 30, 2015 received right lumbar medial branch block RFA, and October 01, 2015 received bilateral cervical medical branch block with noted 85% relief and increased activity with ADLs. On October 20, 2015 a request was made for one epidural steroid injection that was noncertified by Utilization Review on October 27, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 epidural steroid injection: 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 on 10/15/15 with neck and lower back pain rated 8/10 with associated numbness and pain in the right lateral thigh. The patient's date of injury is 12/30/14. The request is for 1 Epidural steroid injection. The RFA was not provided. Physical examination dated 10/15/15 reveals tenderness to palpation of the gluteal muscles, and intact strength, sensation, and neurological function in the lower extremities. The patient is currently prescribed Amitriptyline, Ativan, Fioricet, Remeron, and Elavil. Diagnostic imaging included undated MRI of the lumbar spine, significant findings include: "Marked facet hypertrophy at L4-5 level with mild bilateral neural foraminal narrowing, 9mm probable synovial cyst posterior to the inferior aspect of the right L4-5 facet joint. Otherwise mild degenerative disc disease and facet hypertrophy as above..." Patient is currently advised to return to work with modified duties. MTUS Guidelines, Epidural Steroid Injections section, page 46: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance... 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." 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. In this case, the treater is requesting a lumbar ESI for the management of this patient's chronic lower back pain with a radicular component. There is no evidence in the records provided that this patient has had any lumbar ESI's to date. Progress note dated 10/15/15 indicates that this patient presents with radicular lower back pain, however physical examination reveals only diffuse gluteal tenderness and otherwise intact strength, sensation, and neurological function in the bilateral lower extremities. Lumbar MRI imaging reveals evidence of a synovial cyst in the lumbar spine and with mild foraminal narrowing at the L4-5 level, without specific discussion of nerve root abutment. MTUS guidelines require documentation of radiculopathy corroborated by physical examination findings of neurological compromise, and MRI evidence of foraminal stenosis and nerve root abutment at the requested levels. In this case, the patient has otherwise intact neurological function in the lower extremities, and largely unremarkable MRI findings (insofar as epidural steroid injections are concerned). Furthermore, utilization review indicates that the requesting provider withdrew the RFA for this procedure after discussion with the reviewer. It is not clear why the patient would request an IMR to challenge the denial of a procedure deemed unnecessary by her provider. Therefore, the request is not medically necessary.