

Case Number:	CM15-0030573		
Date Assigned:	02/24/2015	Date of Injury:	08/28/2010
Decision Date:	04/06/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/18/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 August 28, 2010. She has reported lumbar pain, bilateral knee pain and right wrist pain with associated insomnia and depression. The diagnoses have included Calcification of intervertebral cartilage or disc Discitis, depression, cubital tunnel syndrome and insomnia. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, trigger point injections, psychotherapy, medications and work restrictions. Currently, the IW complains of lumbar pain, bilateral knee pain and right wrist pain with associated insomnia and depression. The injured worker reported an industrial injury in 2010, resulting in chronic back, wrist and knee pain. She was treated conservatively without resolution of the pain. It was noted the injured worker became severely depressed secondary to the chronic pain and required psychotherapy. Evaluation on June 10, 2014, revealed continued complaints of pain, depression and insomnia. Evaluation on September 2, 2014, revealed continued symptoms. After failed conservative therapies, Epidural Steroid Injection was requested. On January 21, 2015, Utilization Review non-certified a request for a Caudal ESI with fluoroscopy, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 12, 2015, the injured worker submitted an application for IMR for review of requested Caudal ESI with fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cuadal ESI with fluoroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Epidural Steroid Injection; Lumbar Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The California chronic pain medical treatment guidelines section on Epidural Steroid Injections (ESI) states: Criteria for the use of Epidural Steroid Injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current researches do not support series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The patient has the documentation of low back pain and lumbar disc disease and there is documentation of radiculopathy on the physical exam. There is included corroboration by imaging studies. For these reasons criteria as set forth above per the California MTUS have not met. The request is medically necessary.