

Case Number:	CM15-0031885		
Date Assigned:	02/25/2015	Date of Injury:	08/16/2001
Decision Date:	04/08/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/20/2015

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: Texas, California

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 51 year old female who sustained an industrial related injury on 8/16/01. The injured worker had complaints of bilateral knee pain, left elbow pain, low back pain and cervical spine pain with radiation into the upper extremities. Headaches migrainous in nature and tension between the shoulder blades were also noted. Diagnoses included lumbago status post posterior lumbar interbody fusion at L4-S1 and cervicgia status post anterior cervical disectomy and fusion at C5-6. Treatment included a home exercise program and medications. The treating physician requested authorization for 1 referral to a specialist for left lumbar epidural steroid injection versus hardware block. Per the doctor's note dated 1/12/15 patient had complaints of low back pain radiating to buttock at 7/10 and neck pain at 5/10. Physical examination revealed positive axial loading compression test, negative seated nerve root test, normal sensation and strength and pain with lumbar ROM. The patient was previously certified for lumbar ESI on 7/28/14 and on 5/2/14. The patient has had MRI of the low back on 9/2/14 that revealed disc degeneration and stenosis and EMG revealed S1 radiculopathy. The patient has had X-ray of the low back on 10/6/14 that revealed intact rod, no hardware failure, excellent position and alignment. The medication list includes Fioricet, crestor and Flexeril. Physical examination of the low back on 11/17/14 revealed well healed incision, no sign of infection, and normal neurological and neurovascular examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to specialist for left lumbar epidural steroid injection versus hardware block:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: Request: Referral to specialist for left lumbar epidural steroid injection versus hardware block MTUS Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations Chronic Pain Medical Treatment Guidelines, Chronic Pain - Epidural steroid injections (ESIs), page 46NON MTUS guidelines Official Disability Guidelines (ODG) Low Back (updated 03/24/15) Hardware injection (block) Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." As per cited guideline "Hardware injection (block): Recommended only for diagnostic evaluation of failed back surgery syndrome. This injection procedure is performed on patients who have undergone a fusion with hardware to determine if continued pain is caused by the hardware. If the steroid/anesthetic medication can eliminate the pain by reducing the swelling and inflammation near the hardware, the surgeon may decide to remove the patient's hardware". The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "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. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Any evidence that continued pain is caused by the hardware was not specified in the records provided. Physical examination of the low back on 11/17/14 revealed well healed incision, no sign of infection, and normal neurological and neurovascular examination. The patient has had X-ray of the low back on 10/6/14 that revealed intact rod, no hardware failure, excellent position and alignment. Per the cited guideline criteria for ESI are "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)." Consistent objective evidence of lower extremity radiculopathy was not specified in the records provided Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Any conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. The patient was previously certified for lumbar ESI on 7/28/14 and on

5/2/14. Per the cited guidelines, "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." There was no evidence of objective documented pain and functional improvement, including at least 50% pain relief for six to eight weeks after the previous lumbar ESIs. Any evidence of associated reduction of medication use was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. Physical examination of the low back on 11/17/14 revealed well healed incision, no sign of infection, and normal neurological and neurovascular examination. Any significant functional deficits that would require a referral to a specialist for an epidural injection or hardware block, were not specified in the records provided. The medical necessity of the request for Referral to specialist for left lumbar epidural steroid injection versus hardware block is not fully established for this patient.