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| Case Number: | CM15-0033315 | | |
| Date Assigned: | 02/26/2015 | Date of Injury: | 05/27/2009 |
| Decision Date: | 04/13/2015 | UR Denial Date: | 01/27/2015 |
| Priority: | Standard | Application Received: | 02/23/2015 |

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 55-year-old female, who sustained an industrial injury on 5/27/09. On 2/23/15, the injured worker submitted an application for IMR for review of Prospective: 1 Lumbar Epidural Steroid Injection at L5-S1 level with Fluoroscopy, as outpatient. The treating provider has reported the injured worker complained of continued neck and low back pain made worse by cold weather. The diagnoses have included cervicalgia, cervical radiculopathy, cervical disc protrusion, lumbago, lumbar radiculopathy, lumbar disc protrusion, lumbar facet dysfunction, carpal tunnel syndrome, myalgias, and headaches. Treatment to date has included acupuncture; cervical spine MRI (9/2013); Lumbar MRI (2009); medications. On 1/27/15 Utilization Review non-certified Prospective: 1 Lumbar Epidural Steroid Injection at L5-S1 level with Fluoroscopy, as outpatient. The ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective: 1 Lumbar Epidural Steroid Injection at L5-S1 level with Fluoroscopy, as outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM-
<https://www.acoempracguides.org/Low Back: Table 2, Summary of Recommendations, Low>

back disorder , Cervical and Thoracic Spine; Table 2, Summary of Recommendations, Cervical and Thoracic spine disorder.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic'.

Decision rationale: The 55-year-old patient complains of continued neck and low back pain, as per progress report dated 01/05/15. The request is for 1 LUMBAR EPIDURAL STEROID INJECTION AT L5-S1 LEVEL WITH FLUOROSCOPY, AS OUTPATIENT. The RFA for the case is dated 01/05/15, and the patient's date of injury is 05/27/09. Diagnoses, as per progress report dated 01/05/15, included cervicgia, cervical radiculopathy, cervical disc protrusion, lumbago, lumbar radiculopathy, lumbar disc protrusion, lumbar facet dysfunction, carpal tunnel syndrome, Myalgias and headaches. The patient has been allowed to return to modified work, as per progress report dated 12/29/14. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46 and 47, "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "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." ODG guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic', state that "At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections." In this case, none of the available progress reports indicate prior ESI of the lumbar spine. As per progress report dated 01/05/15, the patient suffers from low back pain and has been diagnosed with lumbar radiculopathy. MRI of the lumbar spine, dated 10/13/09 and reviewed in the aforementioned progress report, revealed mild to moderate degenerative changes from L3 to S1 along with central and bilateral foraminal stenosis. Physical examination revealed tenderness in the lumbar paraspinal muscles along with positive straight leg raising, Patrick's facet loading and Spurling's test. In the same report, the treater states that the patient has failed conservative care and ESI may assist in avoiding lumbar surgery and give patient some relief." MTUS guidelines also support ESIs in patient's with radiculopathy when presented with corroborating diagnostic evidence. Hence, the request is medically necessary.