

Case Number:	CM15-0035053		
Date Assigned:	03/03/2015	Date of Injury:	12/02/2011
Decision Date:	04/13/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/24/2015

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: Arizona, 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 48 year old male, who sustained an industrial injury on 12/2/2011. The initial injury was documented to occur due to repetitive injury involving the right elbow, low back and left knee. The diagnoses have included lumbar spine strain with mild disc bulge L4-L5 and foraminal stenosis, severe disc disease, bulging facet arthropathy, and mild stenosis L5-S1, right elbow epicondylitis, and cervical spine strain/sprain. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, aquatic therapy, back brace, acupuncture treatments, and home exercise. Currently, the IW complains of low back pain with radiation to bilateral legs left greater than right, and left knee pain. The physical examination from 2/6/15 documented tenderness with Range of Motion (ROM) L4-5, positive bilateral supine straight leg test, and left knee tenderness and decreased Active Range of Motion (AROM), positive pivot shift and McMurray's test. There was also numbness in the lower extremities. The plan of care included referral to pain management for lumbosacral epidural steroid injection. The claimant was diagnosed with an L4-L5 disc bulge and foraminal stenosis. On 1/28/2015 Utilization Review non-certified a pain management consultation for possible injection, noting the documentation did not support that the guideline criteria was met. The MTUS and ACOEM Guidelines were cited. On 2/24/2015, the injured worker submitted an application for IMR for review of a pain management consultation for possible injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consult for Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 Page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 47.

Decision rationale: According to the guidelines, the 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. 8) Current research does not support series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case, the claimant has abnormal exam findings and MRI findings consistent with causing radicular symptoms. The claimant has undergone conservative therapy and is refractory to treatment. A Consultation to Pain Management is medically necessary and appropriate for consideration of an epidural injection based on the criteria above.