

Case Number:	CM15-0041633		
Date Assigned:	03/11/2015	Date of Injury:	08/18/2011
Decision Date:	04/21/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/04/2015

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: Internal Medicine

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 (IW) is a 54 year old female, who sustained an industrial injury on 08/18/2011. She reported back pain. The injured worker was diagnosed as having, lumbosacral nerve root pain, back problem, chronic pain syndrome, incontinence and lumbar post-laminectomy syndrome. Treatment to date has included a laminectomy, an implanted spinal cord stimulator, and ongoing monitoring with medication adjustments. The IW is taking Soma, Wellbutrin, Dilaudid, and Exalgo ER. Currently, the injured worker complains of muscle aches and arthralgias and joint pain. Her pain medication use is stable. The treatment plan is for medication management. Requests are made for Dilaudid 4mg, 120, Naproxen 500mg #60, Thoracic ESI Trazadone 50mg #60 and Wellbutrin XL 150mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic ESI at T10-T11: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page 46.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The physician's progress report dated 1/29/15 documented a history of lumbar spine surgery and lumbar post-laminectomy syndrome. CT computed tomography scan demonstrated T9-10, T10-11, and L1-L2 lumbar foraminal stenosis with degenerative disc disease. The date of CT scan was not documented in the 1/29/15 progress report. The 1/29/15 progress report documented patient complaints of low back pain. The pain is not radiating. No radicular pain was documented. Physical examination did not demonstrate T10-T11 radiculopathy. T10-T11 epidural steroid injections was requested. MTUS criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MTUS criteria are not met. Therefore, the request for T10-T11 epidural steroid injections is not supported by MTUS guidelines. Therefore, the request for T10-T11 epidural steroid injections is not medically necessary.