

Case Number:	CM15-0059333		
Date Assigned:	04/03/2015	Date of Injury:	03/22/2014
Decision Date:	05/08/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/30/2015

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: 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 36 year old female, who sustained an industrial injury on March 22, 2014. She reported a fall causing injury to the cervical spine, lower back and right upper extremity. The injured worker was diagnosed as having L5/S1 discogenic radiculopathy. Treatment to date has included diagnostic studies, medications Advil and Relafen and physical therapy. Magnetic Resonance Imaging dated 9/29/14 revealed right sided disc herniation that may minimally contact descending right S1 nerve root. On February 26, 2015, the injured worker complained of more pain in her right shoulder that is described as constant and radiates to her neck. She also complained of lumbar spine pain. She reported that when she takes her medication, it seems to calm the pain. The treatment plan included a lumbar epidural steroid injection. Examination revealed positive straight leg raise and sensory loss right lateral leg. It is noted that the injured worker has failed conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45-46. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

Decision rationale: Per the MTUS guidelines, in order to proceed with epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and that the injured worker was unresponsive to conservative treatment. In this case, the injured worker is noted to have evidence of right S1 radiculopathy corroborated by magnetic resonance imaging. However, while it is noted that conservative care has included physical therapy and anti-inflammatory medications, the medical records do not establish attempt with neuropathic drug such as gabapentin. As noted by a recent study cited in the Official Disability Guidelines, "A high quality RCT concluded that gabapentin and ESIs for radicular pain both resulted in modest improvements in pain and function, which persisted through three months. Some differences favored ESIs, but these tended to be small and transient. They recommended a trial with neuropathic drugs as a reasonable first line treatment option. (Cohen, 2015)" Additionally, the medical records do not indicate what levels are being proposed for an injection. The request for LESI is not medically necessary and appropriate.

Pre-operative labs CBC and CMP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for clinical systems improvement (ICSI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

Decision rationale: As noted in ODG, preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. In this case, the injured worker has not been deemed an appropriate candidate for the requested lumbar epidural steroid injection. The request for Pre-operative labs CBC and CMP is not medically necessary and appropriate.