

Case Number:	CM14-0164180		
Date Assigned:	10/08/2014	Date of Injury:	02/22/2010
Decision Date:	11/04/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/06/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 57 year old female presenting with chronic pain following a work related injury on 02/22/2010. The claimant has a history of lumbar spine fusion. The claimant complained of persistent low back pain with radiation to the left leg. MRI of the lumbar spine showed interval surgery related to anterior and posteriolateral fusion and posterior decompression with metallic artifact related to bilateral pedicle screws, degenerative disc disease at L4-5 and L5-S1, broad based disc-bulge at L4-5 with bilateral recess narrowing. The claimant's medications included Carisoprodol, Hydrocodone, Alprazolam, Triazolam, Oxycodone, Lidoderm, Prilosec and Acetaminophen. The claimant has tried physical therapy and epidural steroid injections. The claimant was diagnosed with arthrodesis, lumbago, lumbosacral neuritis, and muscle spasm, congenital fusion of spine and lumbosacral disc degenerative disease. A claim was placed for an epidural steroid injection and post epidural physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left sided L4-5 Transforminal Epidural Steroid Injection TESI, quantity two:
Upheld

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

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

Decision rationale: Outpatient left sided L4-5 Transforaminal Epidural Steroid Injection TESI, quantity two is not medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections 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 is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy; if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The claimant had previous epidural steroid injection in 2013 without long term benefit; therefore, the requested service is not medically necessary.

Post injection physical therapy, once a week for eight weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 99.

Decision rationale: Post injection physical once per week for 8 weeks are not medically necessary. Page 99 of California MTUS states " physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks is recommended. The claimant's medical records documents that she had prior physical therapy visits without long term benefit. Additionally, there is lack of documentation that the claimant participated in active self-directed home physical medicine to maximize his benefit with physical therapy. Finally, given that the epidural steroid injection is not indicated physical therapy is not medically necessary.