

Case Number:	CM14-0181693		
Date Assigned:	11/06/2014	Date of Injury:	04/16/2014
Decision Date:	12/15/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/31/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 36-year-old female with a date of injury of 04/16/2014. The listed diagnoses are: 1. Lumbar disk displacement. 2. Sciatica. According to progress report 10/16/2014, the patient presents with low back pain with bilateral leg pain. The treater states that the patient had an ESI on 10/03/2014 in which the injection "helped." Treater states the patient has significant improvement in symptoms since last visit, and the patient would like a second ESI. Examination of the lumbar spine revealed normal motor examination in all major muscle groups, normal gait, and no evidence of atrophy or abnormal movements. Active range of motion revealed forward flexion 0 to 60 degrees and, extension was noted to be 30 degrees. Lateral rotation was 25 degrees in either direction. The patient experienced pain at the end point of motion. The patient had positive straight leg raise testing in the right lower extremity at 60 degrees in the sitting position. Treater is requesting a second epidural steroid injection as the patient reports improvement with initial injection. Utilization Review denied the request on 10/23/2014. Treatment reports from 06/27/2014 through 11/05/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second lumbar spine epidural steroid injection (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46, 47.

Decision rationale: This patient presents with low back pain with bilateral leg pain. This is a request for "second lumbar spine epidural steroid injection (ESI) and work hardening (no duration or frequency listed)." The MTUS Guidelines has the following regarding epidural steroid injection under its chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." For repeat injections during therapeutic phase, "continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with general recommendation of no more than 4 blocks per year." In this case, the patient presents with radicular symptoms, but there are no MRI findings that corroborate the patient's radicular complaints. The treater in his 09/16/2014 report states, "Review of MRI lumbar spine demonstrates L4-L5 mild stenosis." In addition, the treater does not document at least 50% pain relief and reduction of medication from prior injection as required by MTUS to consider repeat injection. The requested ESI is not medically necessary.

Work Hardening (No Duration Or Frequency Listed): 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), Work Hardening Section

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: In regards to the requested work hardening, progress report 10/16/2014, under treatment plan states, "Request work hardening to return to work as patient is nearing MMI." MTUS page 125 states Work conditioning, work hardening programs are recommended as an option depending on the availability of quality programs. Criteria for admission to Work Hardening Program include (2) "After treatment with an adequate trail of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continue physical or occupational therapy."; (3), "Not a candidate where surgery or other treatments would clearly be warranted to improve function."; (5), a documented specific job to return to; and (6), "Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program." In this case, a screening process prior to consideration has not taken place. Furthermore, there is no evidence that there is a specific job to return to. Other criteria are not discussed and unmet as well. The request for Work Hardening is not medically necessary.