

Case Number:	CM14-0213084		
Date Assigned:	12/30/2014	Date of Injury:	12/27/2013
Decision Date:	02/27/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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 patient is an injured worker with history of lumbar back complaints. The neurosurgical consultation report dated August 29, 2014 documented the history of injury. The patient states that on 12/27/13, while performing her usual and customary duties, she sustained injuries to the low back. She states she was working in a production line when a piece of machinery hit her low back. She felt a sharp pain in her lower back, and since then has been experiencing low back pain. She reported the injury to her supervisor. She continued to work her shift. After the injury, she was sent to the company clinic and was seen by a general practitioner. She received medication and was prescribed therapy. Currently the patient complains of moderate pain in the low back. She reports no bladder or bowel problems. The pain is aggravated with bending, prolonged standing and sitting, reaching, stooping, squatting and kneeling, and is relieved with medication, heat and ice. Activities of daily living that are affected include self-care and personal hygiene. The patient has difficulty with putting on shoes, taking out trash, making bed and cleaning. With regard to physical activities, the pain interferes with standing, walking, kneeling, twisting, leaning back, sitting, stooping, reaching, squatting, bending forward, and standing, sitting, walking and kneeling for long periods. With regard to functional activities, she has difficulty with carrying, lifting, pushing, exercising, climbing stairs and pulling. Regarding social and recreational activities, she has difficulties with jogging and enjoying her hobbies. As a consequence of the injuries, the patient is experiencing anxiety, depression, stress, irritableness, financial and job uncertainty, pain for more than two weeks, weight gain, problems with sexual function, and scarring on the skin. Due to the medications the patient is taking for the injury, she

is experiencing loss of concentration/memory and upset stomach/acid reflux from the medications. The patient states that she had a prior injury to her lower back three years ago while working for a different employer. She states her symptoms have resolved completely with no disability and was hired without restrictions. She denies being involved in any motor vehicle or sports accidents with injuries in the past. Diagnoses were lumbar central canal stenosis at L4-L5, 2 mm degenerative spondylolisthesis anterolisthesis at L4-L5, and lumbar radiculopathy. The pain management report dated November 18, 2014 documented history of low back pain since December 2003. The patient denies any sudden loss of bowel or bladder function. The pain is made worse with leaning forward as well as prolonged sitting and prolonged standing. In regards to past interventions, the patient denies having surgeries. The patient has had physical therapy approximately one year ago. Physical examination was documented. Straight leg raise is negative bilaterally. The patient is well dressed. No dependent edema noted on exam. No cough or shortness of breath noted on exam. Motor strength in the left lower extremity was 5/5. Straight leg raise test was negative bilaterally. Diagnoses was lumbar radicular pain and lumbar radiculopathy with comorbidities of moderate anxiety and mild depression as well as sleep disturbance and a neuropathic component to her pain. Treatment plan was documented. Two L4-L5 interlaminar epidural steroid injection was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two lumbar epidural steroid injections at the L4-L5 levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Page(s): 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. 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. Most current guidelines recommend no more than 2 ESI injections. No more than 2 epidural steroid injections are recommended. Current research does not support a series-of-three injections in either the

diagnostic or therapeutic phase. The pain management consultation report dated November 18, 2014 documented a request for two L4-L5 interlaminar epidural steroid injection was requested. The patient reported low back pain with radiation down the left leg and numbness. Motor strength in the left lower extremity was 5/5. Straight leg raise test was negative bilaterally. No lumbar tenderness was noted. The patient has had an epidural in the past. Per MTUS, criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination. A second block is not recommended if there is inadequate response to the first block. No more than two nerve root levels should be injected using transforaminal blocks. No more than one 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 six to eight weeks. MTUS does not support a series-of-three injections. The request for two L4-L5 epidural steroid injections is not supported by MTUS guidelines. Therefore, the request for Two lumbar epidural steroid injections at the L4-L5 levels is not medically necessary.

One Functional Capacity Assessment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Workers' Compensation Fitness for Duty ACOEM Practice Guidelines Chapter 7, Independent Medical Examinations and Consultations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examinations and Consultations Pages 137-138

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses functional capacity evaluation (FCE). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 1 Prevention (Page 12) states that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ACOEM Chapter 7 Independent Medical Examinations and Consultations (Pages 137-138) states that there is little scientific evidence confirming that functional capacity evaluations predict an individual's actual capacity to perform in the workplace. A functional capacity evaluation assessment was requested on November 12, 2014. MTUS and ACOEM guidelines do not support the medical necessity of functional capacity evaluations. Therefore, the request for One Functional Capacity Assessment is not medically necessary.