

Case Number:	CM14-0215922		
Date Assigned:	01/06/2015	Date of Injury:	03/11/2013
Decision Date:	02/28/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/23/2014

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: Texas, 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 was a 54 year old female, who was injured, March 11, 2013, while standing on a six foot step ladder changing a fluorescent light bulb. The injured worker fell backwards off the ladder hurting her left hip. The injured worker denied hitting her head or loss of consciousness. The injured worker received medical care and was discharged from the hospital. The injured worker was referred to an Industrial clinic for follow-up. On October 30, 2013, the injured worker had an MRI of the lower back and left hip. The MRI of the lumbar spine noted degenerative disc disease and disc bulges. The injured worker was diagnosed with lumbardegenerative disc disease with radiculopathy, lumbar myospasm, lumbar herniated nucleus pulposus with 6 mm disc protrusion encroaching on S1 nerve root and trochantartic bursitis of the left hip. The MRI of the left hip noted small subchondral cyst on the femoral head. The injured worker received two epidural injections in the past on 3/19/14 and 5/14/14. According to the progress note of November 14, 2014, the injured worker reported positive effect from the epidural steroid injections. The injured worker described the flare-up of the lower back pain radiating into both hips and left lower extremity as continuous throbbing, shooting, aching, sharp, dull, tingling, hot, and numb, intermittently shooting, sharp, tingling and numb. The injured worker uses heating pad at home when her pain flares. The physical exam noted the injured worker was unable to complete toe walk on the left. The heel walk was completed with pain in the lower back. The injured worker was able to do forward flexion of 45 degrees and 10 degree extension, side bend of 10 degrees towards the right and 20 degrees towards the left. The medications list includes tramadol, gabapentin, tizanidine and cyclobenzaprine. Patient has had

injection, physical therapy visits and heat pad for this injury. The documentation submitted for review failed to submit procedural notes or follow-up progress notes from the prior epidural injections to support tolerance and effect of the injections. On December 10, 2014 the UR denied authorization for a left L5 and Left S1 transforaminal lumbar epidural steroid injection. The denial was due to the lack of prior injection procedure progress notes form March 19, 2014 and May 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5 transforaminal lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: Request: Q-1-: Left L5 transforaminal lumbar epidural steroid injection The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI 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 offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program" Per the cited guideline criteria for ESI are '1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)'. 7) 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, with a general recommendation of no more than 4 blocks per region per year. She has had two epidural injections in the past on 3/19/14 and 5/14/14. The records provided do not specify objective documentation of at least 50% improved functional response and decrease in need for pain medications, for a duration six to eight weeks with prior caudal steroid injections. Previous epidural steroid injection procedure notes are also not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The patient's response to the active treatment program is not specified in the records provided. A plan to accompany the proposed ESI with active rehab efforts is not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. The medical necessity of Left L5 transforaminal lumbar epidural steroid injection is not fully established for this patient.

Left S1 transforaminal lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: Request: Q-2-: Left S1 transforaminal lumbar epidural steroid injection. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI 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 offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline criteria for ESI are '1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)'. 7) 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, with a general recommendation of no more than 4 blocks per region per year. She has had two epidural injections in the past on 3/19/14 and 5/14/14. The records provided do not specify objective documentation of at least 50% improved functional response and decrease in need for pain medications, for a duration six to eight weeks with prior caudal steroid injections. Previous epidural steroid injection procedure notes are also not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The patient's response to the active treatment program is not specified in the records provided. A plan to accompany the proposed ESI with active rehab efforts is not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. The medical necessity of Left S1 transforaminal lumbar epidural steroid injection is not fully established for this patient.