

Case Number:	CM14-0217637		
Date Assigned:	01/07/2015	Date of Injury:	01/31/2013
Decision Date:	03/10/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/29/2014

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: Physical Medicine & Rehabilitation, Pain Management

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 37-year-old individual with an original industrial injury on January 31, 2013. The industrial diagnoses include chronic low back pain, lumbar radiculopathy, and lumbar disc intrusion. The workup has included a lumbar MRI which demonstrated a disc protrusion at L5-S1. The disputed issue is a request for a lumbar epidural steroid injection. A utilization review determination had noncertified this request. The stated rationale included that there was "no detailed evidence of recent conservative nonoperative treatment such as therapy, NSAIDs, or home exercise program. Since the LESI was non-certified, it was felt as the post-injection therapy was not needed as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid facet injection L5-S1 x2: 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)- low back, facet joint diagnostic blocks (injections)

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

Decision rationale: Regarding the request for lumbar epidural steroid injection/selective nerve root block, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, after failure of conservative treatment. Guidelines recommend that no more than one interlaminar level or two transforaminal levels should be injected in one session. Within the documentation available for review, there are recent subjective complaints and objective examination findings supporting a diagnosis of radiculopathy. A progress note on November 14, 2014 documents a positive straight leg raise maneuver and states that the patient is not able to walk due to left lower extremity motor sensory deficits. However, the request is unclear as this 11/14/2014 note specified for a L5-S1 ESFI x 2. The utilization review performed interpreted this to mean an epidural steroid injection and a facet injection. There should be clarification as to what exactly is desired. A facet injection and epidural steroid injection should not be performed simultaneously as this is not standard of care, nor is it endorsed by any guideline. Furthermore, no corroborative imaging or EMG is available in the submitted record. In the absence of such documentation, the currently requested lumbar epidural steroid injection is not medically necessary.

Physical therapy post injection 3x3 to the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Post-Injection Therapy

Decision rationale: While the CA MTUS and ACOEM do have general principles and guidelines regarding PT for the lumbar spine, these guidelines do not directly address physical therapy following an epidural steroid injection or other spine injection procedure. Therefore, the ODG is referenced, which stipulates for lumbar "Post-injection treatment" 1-2 visits of PT over 1 week. This present request is in excess of this and the independent medical review process does not allow modification of requests. Therefore, the request is not medically necessary.