

Case Number:	CM14-0218136		
Date Assigned:	01/07/2015	Date of Injury:	02/08/2010
Decision Date:	03/06/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/30/2014

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, Florida
 Certification(s)/Specialty: Anesthesiology, 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:

This 40 year old male continues to complaint of persistent radicular pain, left and right, stemming from a work related injury reported on 2/8/2010. Diagnoses include: post-surgical state; lumbar/lumbosacral disc degeneration; lumbar disc displacement; and psychogenic pain. Treatments have included: consultations; diagnostic imaging studies; back surgeries (2010 & 2013); physical therapy; durable medical equipment; individual psychotherapy; epidural steroid injection therapy (ESI) (on 9/22/14); and medication management. The injured worker (IW) is noted to be unable to perform any work activities. September 22, 2014 ESI procedure notes show a history of severe anxiety, panic attacks or hysteria which gave cause to anticipate would prevent a successful procedure using standard IV conscious sedation, and that the Injured Worker has a low pain threshold supported by his medical history. The agreed medical re-evaluation, dated 9/25/2014, noted the IW undergoing a lumbar 3-4 ESI on 9/22/14 and stating unchanged complaints with multiple examples to describe the type, location and severity of his radiating low back pain. Objective examination findings are noted for the lumbar spine. The clinical findings including the sensory loss was non dermatomal in pattern. The epidural block performed on 9/22/14 was at this physician's request; and resulted in very short-term relief with all symptoms being back to baseline. It was recommended that further surgical or interventional pain procedure will not provide any significant beneficial effect. Orthopedic follow-up notes, dated 10/10/2014, states the ESI did help the IW and that he was interested in another, however, no objective documented examination findings to support any improvement from the ESI were noted. Orthopedic follow-up notes, dated 12/3/2014, note the treatment plan to state that the

Injured Worker does have objective evidence of right lumbar 4 nerve impingement, was aided by an epidural steroid injection (ESI) and should be afforded a repeat ESI; also recommended were EMG nerve conduction velocity studies. On 12/22/2014 Utilization Review non-certified, for medical necessity, the request for epidural steroid injection (ESI) to lumbar 3-4, under fluoroscopy, stating that objective findings of the previous ESI or any focal neurological deficits documented, and that repeat injections were not mentioned; therefore MTUS guidelines were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L4 lumbar epidural steroid injection (ESI) under fluoroscopy: 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 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Pain Chapter. Low and Upper Back Mental illness and Stress

Decision rationale: The CA MTUS and the ODG guidelines recommend that epidural steroid injections can be utilized for the treatment of lumbar radiculopathy pain when conservative treatments with medications and PT have failed. It is recommended that epidural steroid injection can be repeated if there is sustained significant pain relief greater than 60% for more than 3 months. The records did not show documentation of significant pain relief following the epidural injection in September 2014. The patient reported no significant beneficial effect. There are significant psychosomatic symptoms and the presence of non dermatomal pattern of clinical findings which is associated with low efficacy with interventional pain procedures. The Independent Medical Examiner indicated that interventional pain procedures or surgeries would not be beneficial because of the compounding effects of the co-existing psychosomatic symptoms and the response to previous interventional procedures. The patient did not tolerate the last epidural procedure well. There is a history of anxiety and panic attacks. The criteria for L3-L4 epidural steroid injection under fluoroscopy was not met.