

Case Number:	CM15-0110564		
Date Assigned:	06/17/2015	Date of Injury:	11/22/2005
Decision Date:	07/15/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/08/2015

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: North Carolina

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:

This 62-year-old man sustained an industrial injury on 1/22/2005 after being hit in the groin with a piece of wood that a saw kicked back. Diagnoses include lumbar disc displacement without myelopathy, thoracic or lumbar neuritis or radiculitis, and post-laminectomy syndrome of lumbar region. Treatment has included oral medications, aquatic therapy, surgical intervention, and physical therapy. Physician notes dated 5/26/2105 show complaints of back pain that is slowly returning after lumbosacral transforaminal epidural steroid injection. Recommendations include lumbosacral transforaminal epidural steroid injection, gym membership; continue current medications, biofeedback with psychologist, and cybertech lumbar back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal epidural steroid injection at L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: 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. 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). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current researches do not support "series-of-three" injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections. The provided clinical documentation for review meets these criteria and therefore the request is medically necessary.

Gym membership for [REDACTED] with swimming: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Gym Memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG gym membership.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states gym memberships are indicated when there is a failure of home exercise program and the gym membership will be under the supervision of a medical professional. These criteria are not met in the provided clinical documentation for review and therefore the request is not medically necessary.