

Case Number:	CM15-0112708		
Date Assigned:	06/19/2015	Date of Injury:	07/03/2014
Decision Date:	07/17/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/11/2015

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:

The injured worker is a 49 year old female, who sustained an industrial injury on July 3, 2014. She reported lower back pain. The injured worker was diagnosed as having disc protrusion with stenosis at lumbar 4-5, lumbosacral sprain/strain injury, and myofascial pain syndrome. On July 14, 2014, x-rays of the lumbar spine revealed degenerative change with osteophytes in the lower thoracic spine and small anterior osteophytes at lumbar 4 and lumbar 5. On August 27, 2014, an MRI of the lumbar spine revealed moderate central canal stenosis at lumbar 4-lumbar 5. At lumbar 4-lumbar 5 there was a 4-mm disc protrusion abutting the descending bilateral lumbar 5 nerve roots and the exiting bilateral lumbar 4 nerve roots. Treatment to date has included physical therapy, rest, ice, work modifications, and medications including anti-epilepsy, pain, and non-steroidal anti-inflammatory. On February 2, 2015, the injured worker complained of continued severe back and buttock pain. The physical exam revealed bilateral buttock pain caused by straight leg raise. The motor exam was normal, except for decreased strength of the bilateral extensor hallucis longus. The treatment plan includes proceeding with surgery and remaining on temporarily totally disabled status. On March 9, 2015, the injured worker was evaluated by the qualified medical evaluator. She reported persistent pain and discomfort of the low back and left leg with numbness and tingling in her feet. The physical exam revealed decreased lumbosacral range of motion, tenderness to palpation in the back region, normal motor strength in the lower extremities, a positive left straight leg raise, normal deep tendon reflexes of the knee and ankle joints, intact sensation in the bilateral lower extremities, and multiple myofascial trigger points in the lumbosacral paraspinal musculature. An

electromyography/nerve conduction study was performed during the visit, which revealed left lumbar 5 lumbosacral radiculopathy. Future care recommendations included a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

PM&R evaluation for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM :The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for: 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The request for pain management and rehabilitation consult is for ESI injection. As the requirements for epidural steroid injection have not been met, the consult is not medically necessary and the request is not certified.

Lumbar epidural steroid injection at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection 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 there by facilitating progress in more active treatment programs, and avoiding surgery, but thist reatment 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 research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The patient has had a previous ESI at this level. The provided clinical documentation does not show a 50% reduction in pain lasting 6-8 weeks with a documented decrease in medication usage. Therefore, criteria for repeat ESI have not been met and the request is not medically necessary.