

Case Number:	CM15-0113714		
Date Assigned:	06/22/2015	Date of Injury:	04/02/1999
Decision Date:	07/21/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/12/2015

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: 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 is a 60 year old female, who sustained an industrial injury on 4/2/00. She reported initial complaints of a slip and fall type injury. The injured worker was diagnosed as having unspecified thoracic or lumbosacral neuritis or radiculitis; lumbar spine radiculitis; left knee medial meniscus; status posts right total hip replacement. Treatment to date has included physical therapy; lumbar epidural steroid injections; medications. Diagnostics included MRI lumbar spine (1/7/2008). Currently, the PR-2 notes dated 3/26/15 indicated the injured worker complains of low back pain and returns to the office for management evaluation. Subsequent evaluation has revealed lumbar disc displacement in which the injured worker has undergone physical therapy as well as medication management without amelioration of the pain and continues to be symptomatic. She is a status post epidural steroid injection January 2015 with significant pain relief for 1-2 months. Her pain complaints are described as low back pain that radiates down the bilateral posterolateral lower extremities in a L5-S1 distribution. Her pain is rated at 8/10 and is increased with sitting and standing for prolonged periods of time and Valsalva maneuvers. She reports numbness and tingling in the lower extremities as well as weakness in the lower extremities. She reports her sleep is impaired due to the pain. She has a surgical history of right hip and bilateral knee surgery. Her medications are listed as Norvasc, Potassium Chloride, Lasix, Allopurinol, Advair, Neurotin, Norco and Ambien. Favoring the right side; she walks with antalgic gait. Physical exam notes positive tenderness to palpation over the L3-L5 spinous process. She has positive paraspinal hypertonicity and myofascial trigger points at L3-S1 levels. The sciatic notch bilaterally is tender with sensation reduced in the right

posterolateral thigh. Her straight leg raise is positive bilaterally on the right at 60 degrees. She is unable to heel-to-toe walk. Range of motion "FROM" is limited at extremes secondary to pain. The provider is requesting a L5-S1 Epidural steroid injection with monitored anesthesia care one time.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Epidural Injection quantity 1, with monitored anesthesia care: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 44.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of epidural steroid injections (ESIs) as a treatment modality. Typically, ESIs are used to treat radicular pain. The MTUS criteria for the use of ESIs are as follows: 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. In this case, the patient had received an ESI in January, 2015. Three months after the visit it is noted in the records that the patient experienced improvement in symptoms for 1-2 months. However, there is insufficient documentation to meet criteria #7 in the above cited guidelines. Specifically, that "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." For this reason, a repeat L5-S1 epidural steroid injection is not medically necessary.