

Case Number:	CM15-0123344		
Date Assigned:	07/07/2015	Date of Injury:	10/17/1979
Decision Date:	07/31/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/26/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 (IW) is a 56 year old female who sustained an industrial injury on 10/17/1979. She reports a repetitive motion trauma of the low back. Her diagnoses are sprain of the hip and thigh not otherwise specified, and lumbar disc displacement. Treatments include medications with limited benefit, physical therapy with limited benefit, and lumbar epidural steroid injections with limited benefit. On the visit of 05/19/2015, the injured worker complains of constant pain in the low back that is sharp and aggravated by twisting, pushing and pulling, prolonged sitting, standing, and walking multiple blocks. The pain radiates into the lower extremities. The pain is noted as unchanged from her prior visit of 01/30/2015 and on a scale of 1-10, the pain is rated a 9/10. She also complains of constant pain in the right hip described as throbbing, and aggravated by squatting, kneeling, position changes walking multiple blocks, prolonged standing and ascending and descending stairs, or getting up from a seated position. There is pain with activities of daily living such as putting on shoes and socks. The right hip pain is rated a 10/10 with or without medications. She has bladder dysfunction and urinary incontinence. Examination reveals palpable paravertebral muscle tenderness with spasm and right hip anterolateral. Standing flexion and extension are guarded and restricted and there is no clinical evidence of stability on exam. There is tingling and numbness in the lateral thigh, anterolateral and posterior leg as well as foot in the L5 and S1 dermatomal patterns. The worker is wheelchair bound. Medications include Escitalopram, Eszopiclone, Fenoprofen, fish oil, Gabapentin, glucosamine/chondroitin, Lisinopril, Lorazepam, Melatonin, Omeprazole, Quetiapine, and Tramadol. The treatment plan includes a pending approval for referral psychologist for psych clearance for surgery and a posterior lumbar interbody fusion. A request for authorization is made for referral to a hip specialist for right total hip arthroplasty (05/19/2015). A request for authorization is made for a Right L4-S1 Transforaminal Epidural

under Fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-S1 Transforaminal Epidural under Fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic.

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. MTUS further defines the criteria for epidural steroid injections to include: 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. Radiculopathy does appear to be documented with imaging studies. The patient is taking multiple medications, but the progress reports do not document how long the patient has been on these medications and the unresponsiveness to the medications. There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain. As such, the request for Right L4-S1 Transforaminal Epidural under Fluoroscopy is not medically necessary.