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| Case Number: | CM15-0172610 | | |
| Date Assigned: | 09/14/2015 | Date of Injury: | 04/02/2015 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 08/18/2015 |
| Priority: | Standard | Application Received: | 09/01/2015 |

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 35 year old male with an industrial injury dated 04-02-2015. Medical records reviewed indicate he is being treated for cervical myofascial strain superimposed on cervical degenerative disc disease, lumbar myofascial strain and contusion, age-compatible lumbar degenerative disc disease and left radiculopathy and throat mass (nonindustrial) recently excised. He presents on 07-27-2015 with complaints of neck and low back pain. Other complaints included tingling dysesthesias on the medial aspect of left forearm from the elbow to the hand. He also noted tingling of his fourth and fifth digits of his left hand without weakness. Low back pain on the left intermittently radiated into the left thigh and leg. He noted the new occurrence of discomfort wrapping from the low back and towards the right groin area in a circular fashion. Physical exam noted tenderness in the paravertebral muscles left greater than right. Examination of the low back demonstrated focal tenderness of the right and left posterior pelvic brims. Leg motor strength and sensation in the lower extremities was documented as normal. The provider documented "the patient has ongoing and worsening lumbar complaints, particularly in his back and left leg with posterior calf and leg pain." "In view of this, epidural steroid injection of the low back at the lumbar 5-sacral 1 level would be reasonable." Work status was modified duties with no heavy lifting, no repeated bending or stooping and lifting less than 10 pounds. MRI of lumbar spine dated 05-06-2015 was read as lumbar 4-5 level mild to moderate disc degeneration with a 4 mm broad based posterior disc protrusion-extrusion with intra foraminal and left far lateral extension. Prior treatment is documented as 8 physical therapy visits and 12 chiropractic visits. The request for authorization dated 08-12-2015 is for outpatient

lumbar epidural steroid injection at L5-S1. On 08-08-2015 the request for outpatient lumbar epidural steroid injection at L5-S1 was non-authorized by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar epidural steroid injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

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 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 provided clinical documentation for review does not show dermatomal radiculopathy on exam that is corroborated by imaging or EMG studies that are included for review in the provided clinical documentation. Therefore the request does not meet all criteria as outlined above and is not medically necessary.