

Case Number:	CM15-0173398		
Date Assigned:	09/15/2015	Date of Injury:	05/13/2010
Decision Date:	10/15/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/02/2015

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 62 year old female, who sustained an industrial-work injury on 5-13-10. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar protrusion with neural encroachment, lumbar radiculopathy, lumbar annular tear, remote cervical fusion, and rule out cervical disc injury. Medical records dated (4-14-15 to 8-6-15) indicate that the injured worker complains of low back pain with left greater than right lower extremity symptoms with burning and tingling down both legs. The pain is rated 8 out of 10 on the pain scale and has remained unchanged from previous visits. The physician indicated in the medical record dated 8-6-15 that she had a successful trial of topical antiepileptic drug, improved tolerance to activities involving the upper extremities and failed oral antiepileptic drug and antidepressant. Per the treating physician report dated 8-6-15, the injured worker is temporarily partially disabled with restrictions. The physical exam dated 8-6-15 reveals lumbar range of motion is flexion 40 degrees, extension 30 degrees, left and right lateral tilt 35 degrees, and left and right rotation 30 degrees. There is positive straight leg raise left for pain to foot at 35 degrees, and right for pain to foot at 45 degrees. There is diminished sensation left greater than right L4, L5 and S1 dermatomal distributions. Treatment to date has included pain medications, topical creams, trigger point injections (unknown amount), physical therapy (unknown amount), activity modifications, diagnostics and home exercise program (HEP). The Magnetic resonance imaging (MRI) of the lumbar spine dated 4-1-15 reveals right neural foraminal narrowing secondary to right paracentral posterior disc, right exiting nerve root compression is seen, broad based posterior disc protrusion, posterior annular tear, facet joint hypertrophy, canal stenosis and bilateral exiting nerve root compromise. The original Utilization

review dated 9-1-15 non-certified a request for Consultation with pain management for lumbar epidural steroid injection (ESI) at L4-5 & L5-S1 as per the guidelines, radiculopathy must be documented by physical exam and corroborated by imaging studies and electrodiagnostic testing, therefore not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with pain management for lumbar epidural steroid injection (ESI) @ L4-5 & L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127-Independent Medical Examinations and Consultations.

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 patient has the documentation of back pain however there is no included imaging or nerve conduction studies in the clinical documentation provided for review that collaborates dermatomal radiculopathy found on exam for the requested level of ESI. Therefore, criteria have not been met and the request is not medically necessary.