

Case Number:	CM15-0044075		
Date Assigned:	04/13/2015	Date of Injury:	01/12/2013
Decision Date:	05/07/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/09/2015

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 56 year old female who sustained an industrial injury on 1/12/13. She has reported left arm, low back and right knee injuries after slipping and falling on black ice. The diagnoses have included backache, lumbar degenerative disc disease (DDD), lumbar radiculopathy and lumbar stenosis. Treatment to date has included medications, diagnostics, surgery, physical therapy, activity modifications, and conservative treatments. The Magnetic Resonance Imaging (MRI) of the lumbar spine was done on 12/3/14. Currently, as per the physician progress note dated 12/9/14, the injured worker complains of continued low back pain with radiation down the left lower extremity as well as low back aching pain despite physical therapy. It was noted that she has not responded to rest, ice, anti-inflammatories and activity modifications. Physical exam revealed tenderness to palpation in the lumbar spine with tight paraspinal muscles noted. There was pain with lateral bending and rotation. She had tight hamstrings bilaterally and positive straight leg raise on the left compared to the right. The physician noted that she can continue home exercise program (HEP) for stretching, core strengthening and light activity. He also notes that given her failure of conservative treatments thus far and persistent radicular symptoms which correlate with the Magnetic Resonance Imaging (MRI) findings, the physician requested treatment included Outpatient Referral to Spine Specialist for Lumbar Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Referral to Spine Specialist for Lumbar Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 45. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines Second Edition (2004), Chapter 7, page 127 - Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections 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 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 no documentation of radiculopathy on physical exam, which correlates with imaging studies. Therefore the need for epidural steroid injections has not been established and the need for referral for such an injection is not medically warranted.