

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0064150 | | |
| Date Assigned: | 04/10/2015 | Date of Injury: | 04/03/2008 |
| Decision Date: | 06/04/2015 | UR Denial Date: | 03/27/2015 |
| Priority: | Standard | Application Received: | 04/03/2015 |

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: Emergency 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 is a 63-year-old male, who sustained an industrial injury on 4/03/2008. Diagnoses include other chronic pain, degenerative lumbar/lumbosacral intervertebral disc and lumbar facet arthropathy. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), medications, physical therapy, icing, home exercise, injections and lumbar medial branch Rhizotomy at L4-5 and L5-S1 (11/13/2014). Per the most recent submitted Primary Treating Physician's Progress Report dated 9/30/2014, the injured worker reported a flare up of axial back pain. He was incapacitated from Thursday of last week until Sunday. Physical examination is described as unchanged. He had guarded movements, limited mobility, stiff movements and a slow antalgic gait. There was marked tenderness in the left lumbar paraspinal area and marked tenderness in the right lumbar paraspinal area overlying facet joints bilaterally. Movement was mildly restricted in all directions and lumbar extension was severely limited. The plan of care included refill of medications and a repeat facet denervation. Authorization was requested for a right epidural steroid injection L5-S1 under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar epidural steroid injection at L5-S1 under ultrasound guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: Invasive techniques such as local injections and facet-joint injections of cortisone and lidocaine are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. The patient's initial injury was on 4/3/2008 with an injection and lumbar medial branch Rhizotomy performed subsequently. There is poor documentation of appreciable improvement of symptoms or function with treatment. Based on the ACOEM guidelines, epidural injection therapy offers no significant long-term benefit for nerve root compression of the lumbar/sacral spine. Due to a poor clinical response to previous injection, further steroid injections would not be indicated. The request is not medically necessary.