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| Case Number: | CM15-0093265 | | |
| Date Assigned: | 05/19/2015 | Date of Injury: | 05/11/2000 |
| Decision Date: | 06/25/2015 | UR Denial Date: | 04/16/2015 |
| Priority: | Standard | Application Received: | 05/14/2015 |

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: Internal 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 55-year-old female who sustained an industrial injury on 05/11/2000. The injured worker was diagnosed with radiculopathy, bilateral sciatica and complex regional pain syndrome Type I. The injured worker has a history of hypertension and panic attacks. The injured worker underwent spinal cord stimulator (SCS) implant in 2000 and 2008. There was no documentation of prior surgical interventions. According to the primary treating physician's progress report on January 27, 2015, the injured worker continues to experience bilateral low back pain with pins and needles in the bilateral hands and right leg and rates her current back pain at 10/10. There was no physical objective examination documented in the medical records in the review. Current medications are listed as Norco, Flexeril, Neurontin, Trazadone, Robaxin, Cymbalta, Temazepam, Methylpred, Promethazine, Meclizine and Omeprazole. Treatment plan consists of the current request for lumbar epidural steroid injection at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG), Low Back Chapter, Criteria for the use of epidural steroid injections; AMA Guidelines, Radiculopathy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page 46.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The progress report dated 01-27-2015 noted: The physical exam reveals no changes from the prior visit. The patient is in no acute distress and in their normal state of health. The patient is alert and oriented to person, place and situation. Pupil size is normal. There is no sign of narcosis. The patient transfers from sitting position to exam table without difficulty. No physical examination of the lumbar spine was documented. The progress report dated 04-21-2015 did not document a physical examination. No physical examination of the lumbar spine was documented. MTUS Criteria for the use of epidural steroid injections requires that radiculopathy must be corroborated by physical examination. No physical examination of the lumbar spine was documented in the 1/27/15 and 4/21/15 progress reports. Without a document physical examination, the request for lumbar epidural steroid injections is not supported by MTUS guidelines. Therefore, the request for lumbar epidural steroid injections is not medically necessary.