

Case Number:	CM14-0201333		
Date Assigned:	12/11/2014	Date of Injury:	01/24/2003
Decision Date:	10/13/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/01/2014

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 male, who sustained an industrial injury on 1-24-03. The injured worker was diagnosed as having substance abuse-addiction; chronic pain syndrome; opioid tolerance; opioid-induced hyperalgesia; bilateral L5 radiculopathy; axial low back pain; lumbar facet pain at L4-5. Treatment to date has included status post lumbar surgery x2; status post XLIF L4-5 surgery (7-30-10); Right S1 and Right L5 transforaminal epidural steroid injection with conscious sedation (10-8-14); medications. Currently, the PR-2 notes dated 10-24-14 indicated the injured worker was in the office as a follow-up visit. The injured worker reports he is a status post two lumbar spine laminectomy surgeries. He tripped and fell onto his low back and since that time, he has had an XLIF of the lumbar spine. He reports ongoing aching sensations in the low back. He reports that prolonged sitting and standing exacerbate his pain and rates it on the pain scale of a 4-7 out of 10. He has been seeing another provider who in turn, was referred to this provider to take over his care. The provider documents the injured worker has been on opioid medications for greater than eight years and the last long-acting opioid medications was greater than 20mg of methadone, which the prior provider weaned off him. He is reported to have been taking upwards to four Norco per day and has been weaned off of over the last two days and has run out of medications. The injured worker reports he is interested in trying alternatives to taking these medications but feels there is no long-term solutions for his ongoing chronic pain. The provider documents the injured worker admits to using "street drugs currently on a daily basis, specifically cocaine as his drug of choice." The notes document the injured worker has a 30 year history of cocaine use and has been in multiple drug

addiction programs, but is currently in no active program. The injured worker also reports left upper limb tendinosis and is to have surgery in October. An Addictionology consult through Worker's Compensation has been approved per these notes. The injured worker may or may not be a Suboxone candidate per the provider. Current medications are listed as: Naproxen, Atenolol, Sertraline, trazadone; Lidoderm patches and Sumatripan. On physical examination, the provider documents the lumbar range of motion is limited by 50% secondary to pain. Lumbar extension and right and left lateral rotation refers pain to the low back area. The provider notes Right EHL weakness. Due to the injured worker's flare-up of right lower limb with numbness and tingling down the legs, he is recommending an epidural steroid injection (ESI) at left L5-S1. He notes a history of bilateral L5 radiculopathy and references a QME in the past that authorized up to three ESI's for this same pain. The injured worker did have a right S1 and right L5 transforaminal epidural steroid injection with conscious sedation on 10-8-14. The procedure notes were submitted for this procedure along with other PR-2 notes prior to this date of service. A Request for Authorization is dated 10-22-14. A Utilization Review letter is dated 11-12-14 and non-certification was for a Left epidural corticosteroid injection L5, S1, which was denied due to the medical documentation, did not meet the criteria using the CA MTUS Chronic Pain guidelines. The provider is requesting authorization of Left epidural corticosteroid injection L5, S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left epidural corticosteroid injection 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 there by 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 "series-of-three" injections in either the diagnostic or the 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 corroborates dermatomal radiculopathy found on exam for the requested level of ESI. Therefore, criteria have not been met and the request is not medically necessary.