

Case Number:	CM14-0189787		
Date Assigned:	11/20/2014	Date of Injury:	10/09/1999
Decision Date:	01/08/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/13/2014

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. The expert reviewer is Board Certified in Anesthesia, has a subspecialty in Acupuncture & Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

61y/o male injured worker with date of injury 10/9/99 with related back, buttock, and leg pain. Per progress report dated 10/1/14, the injured worker reported that his pain was made worse with standing, walking, and sitting. Rest and lying down made his pain better, however he had difficulty sleeping because of his chronic pain. Per physical exam of the lumbar spine, spasm and guarding were noted, straight leg raise was positive on the right. He had a positive compression test along the ilium bilaterally, positive Faber maneuver bilaterally, and positive gaenslen bilaterally. Sensation was decreased along the right L3 nerve root on the right leg. There was decreased hip flexion on the left 4/5 versus 5/5 on the right. Treatment to date has included physical therapy and medication management. The date of UR decision was 10/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Left Lumbar Epidural Steroid Injection L3-L5, Lumbar epidurogram, fluoroscopic guidance, and IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 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 documentation submitted for review contains clinical findings of weakness and reduced sensation, however, there are no MRI or EMG findings documented corroborating radiculopathy. Medical necessity cannot be affirmed.