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| Case Number: | CM14-0190420 | | |
| Date Assigned: | 11/21/2014 | Date of Injury: | 04/29/2013 |
| Decision Date: | 02/20/2015 | UR Denial Date: | 10/28/2014 |
| Priority: | Standard | Application Received: | 11/14/2014 |

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: Colorado

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:

50 year old male with date of injury 4/29/2013 continues care with the treating physician. Patient's diagnoses include cervical and lumbar radiculopathy, and cervical and lumbar stenosis. Patient has participated in multiple therapies including physical therapy which made his pain worse, cervical and lumbar epidural steroid injections which provided no lasting relief, and medications which maintain patient's symptoms at 6-7/10 pain rating. Patient has evidence of lumbar radiculopathy on MRI 8/27/2014 with disc disease and protrusions abutting nerve roots at L4-L5 and L5-S1. Patient has evidence of cervical disc disease on MRI 8/27/2014 with Disc protrusions at multiple levels with some effacement of the cord. The treating physician submits request for additional series of 2 Lumbar epidural steroid injections, no levels specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Epidural Steroid Injections (Series 2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections (ESIs) Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 46.

Decision rationale: Per the MTUS Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain. Current guidelines indicate no more than 2 epidural steroid injections are generally needed to achieve some relief of lumbosacral pain, and no evidence suggests relief is lasting. If initial epidural steroid injection does not provide at least 50% reduction in pain as well as some improvement in function, then additional injections are not indicated. Because pain relief is short term and no long term effects on function have been identified, epidural steroid injections are recommended as part of a program including other therapies such as exercise program. There is insufficient evidence to recommend cervical epidural steroid injections to treat cervical radicular pain. Per MTUS Guidelines, the following criteria should be used to determine which patient may benefit from epidural steroid injection: 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. For the patient of concern, the records indicate that patient has already received 1 series of lumbar epidural steroid injections, with 90% relief for only 8 days. Based on the most recent Lumbar MRI in the records, patient does have lumbar disc disease / protrusions abutting the nerve roots at L4-L5 and L5-S1, though documented physical findings do not confirm radiculopathy. Per the Guidelines above, patient has not exhibited the requisite 50% improvement in pain and/or function, sustained over 6-8 weeks with concomitant decrease in medication use, so further injections are not indicated. Furthermore, if additional injections were to be considered, only 1 diagnostic injection would be considered, not 2 as the "series of three" is no longer supported by the literature. The request for series of 2 Lumbar epidural steroid injections is not medically indicated.