

Case Number:	CM14-0030790		
Date Assigned:	06/20/2014	Date of Injury:	02/08/1991
Decision Date:	04/08/2015	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/11/2014

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: Arizona, Texas
 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 (IW) is a 69 year old male who sustained an industrial injury on 02/08/1991. He has reported chronic pain in the neck and low back with nerve and muscle pain. Diagnoses include chronic neck pain secondary to cervical degenerative disk disease, status post anterior cervical fusion C5-C6, chronic low back pain secondary to lumbosacral degenerative disk disease status post L1 to S1 laminectomy, Neuropathic pain, myofascial pain, and chronic pain syndrome. Treatments to date include Amrix, cyclobenzaprine, and oxycodone on an as needed basis. A progress note from the treating provider dated 01/30/2014 indicates limited lumbar range of motion with flexion, extension and side bending. The cervical range of motion is also limited in flexion, extension and side bending. Motor strength is normal, reflexes are normal. He has no drowsiness or dizziness with his medications. On 02/26/2014 Utilization Review non-certified a request for Lumbar Epidural Steroid Injection L1-S1. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L1-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 46.

Decision rationale: According to the MTUS ESI are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Criteria for the use of ESI is 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). Injections should be performed using fluoroscopy 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. 5) No more than two nerve root levels 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. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. In this case the documentation doesn't support that the patient has radicular low back pain that is confirmed by imaging or physical exam.