

Case Number:	CM14-0087792		
Date Assigned:	07/23/2014	Date of Injury:	10/08/2009
Decision Date:	02/25/2015	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/11/2014

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: 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 patient is a 54 year old male who sustained a lifting injury during employment to his lower back on October 8, 2009. No surgical interventions were documented. The injured worker is diagnosed with lumbago, thoracic or lumbosacral neuritis or radiculitis, thoracic sprains/strains, spasm of muscles, depressive disorder, and panic disorder. The patient was evaluated on May 9, 2014 for continued chronic low back pain with radiation to the neck, bilateral hips, thighs and knees and poor sleep quality. The injured worker has an antalgic gait and uses a cane for ambulation. According to this report the lumbar range of motion is restricted with flexion due to pain to 30 degrees and extension to 10 degrees. On palpation there is tenderness bilaterally at the paravertebral muscles. Spinous process tenderness is noted on L3, L4, L5 and S1. Straight leg raise is positive on both sides at 30 degrees in a sitting position. Light touch sensation is decreased over L4, L5, S1 dermatomes on the right side. The injured worker had an initial evaluation for functional restoration programs (FRP's) on February 20, 2014, which noted a bilateral lower EMG/NCV study performed in December 2013 was normal with no evidence of lumbosacral radiculopathy or peripheral neuropathy. In this initial evaluation it was also noted that the injured worker received trigger point injections and a transforaminal epidural steroid injection (ESI) at the left L4, right L5 and left S1 on April 16 2010 without producing significant relief. Current medications consist of Cyclobenzaprine, Hydrocodone, Naproxen and Protonix. The injured worker has not worked since 2011 and is Permanent & Stationary (P&S) as of May 5, 2014 according to the May 9, 2014 status report by the treating physician. The physician requested authorization for a transforaminal epidural steroid injection, right side L4, L5, and

S1. On May 28, 2014 the Utilization Review denied certification for the transforaminal epidural steroid injection, right side L4, L5, and S1. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines regarding epidural steroid injection (ESI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tranforaminal epidural steroid injection, right side L4, L5, S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.

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 thereby 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 a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The patient has the documentation of low back pain and radiculopathy. However there is no collaboration with EMG as these were reported normal. There is no documentation of decreased need for medication for at least 6-8 weeks post previous ESI. For these reasons the criteria set forth above have not been met. Therefore, the request is not medically necessary.