

Case Number:	CM14-0090713		
Date Assigned:	09/10/2014	Date of Injury:	08/01/1993
Decision Date:	02/05/2015	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/16/2014

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 Anesthesiology, 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:

53y/o male injured worker with date of injury 8/1/93 with related low back pain. Per progress report dated 5/7/14, the injured worker reported 6/10 lower back pain. He was status post lumbar epidural steroid injection 10/7/13 which provided 50% pain relief. Per physical exam, there was tenderness to palpation along the lumbar musculature bilaterally with increased muscle rigidity, decreased lumbar range of motion, decreased sensation along the L5 distribution, positive straight leg raising, and hypersensitivity in the left ankle. EMG study of the bilateral lower extremities dated 9/10/13 revealed moderate to severe left L5 radiculopathy and moderate right L5 radiculopathy. MRI of the lumbar spine dated 3/18/10 revealed a 2mm disc protrusion at T12-L1, a 2mm central disc protrusion at L2-L3, a 2mm to 3mm disc protrusion at L3-L4, and a 2mm central disc protrusion at L4-L5. Treatment to date has included physical therapy, epidural steroid injections, and medication management. The date of UR decision was 6/4/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 Transforaminal Epidural Steroid Injection under Fluoroscopy: Overturned

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

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

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, 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. Per progress report dated 1/16/14, it was noted that the lumbar epidural steroid injection on 10/7/13 provided 50% pain relief to his lower back as well as radicular symptoms to both lower extremities. He rated his pain 4 in intensity which was very manageable. He had also been able to cut back on the amount of Norco he took on a daily basis, from 10 tablets a day to 6-8 tablets a day. Therefore, the request is medically necessary.