

Case Number:	CM15-0100607		
Date Assigned:	06/03/2015	Date of Injury:	11/23/1999
Decision Date:	07/01/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	05/26/2015

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, California

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 injured worker is a 54 year old female with an industrial injury dated 11/23/1999. Her diagnoses included lumbar post laminectomy, lumbar spinal stenosis and lumbar radiculitis. Prior treatments included epidural injections, physical therapy and medications. She presents on 02/26/2015 noting improvement with epidural injection. She said it allowed her to get up a lot easier and have more function even first thing in the morning. She currently rates her pain as 7/10 as she has been stable on OxyContin 20 mg three times a day for many years. She presented on 02/26/2015 with complaints of low back pain. Activities affected by the injured worker's pain include general activity, mood, and relationships with people and sleep. Physical exam noted a foot drop but she wore an AFO to help stabilize her gait and used a cane for ambulation. Lower extremity muscle strength was normal. There was mild tenderness in the lower lumbar spine. Treatment plan included OxyContin, drug screen and transforaminal epidural steroid injection (bilateral lumbar 4-5) in a quantity of 3. The treatment request is for transforaminal epidural steroid injection bilateral lumbar 4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

TESI Bilateral L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

Decision rationale: According to the guidelines, the 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. In this case, the exam findings did not indicate radicular symptoms. In addition, the claimant had an epidural injection 2 months ago (Jan 2015). The ACOEM guidelines do not support the ESI because of short-term benefit. Based on the above, the request for an additional epidural injection of the lumbar spine is not medically necessary.