

Case Number:	CM15-0102695		
Date Assigned:	06/05/2015	Date of Injury:	11/29/2013
Decision Date:	07/09/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/28/2015

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, 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 is a 54-year-old female, who sustained an industrial injury on November 29, 2013. She reported twisting her body as she and a dolly fell onto a lift gate, feeling a pop and pain in her low back. The injured worker was diagnosed as having thoracic/lumbar neuritis/radiculitis, degenerative lumbar/lumbosacral intervertebral disc, herniated nucleus pulposus (HNP), and sacrum disorders. Treatment to date has included MRI, physical therapy, trigger point injections, lumbar epidural steroid injection (ESI), electromyography (EMG)/nerve conduction velocity (NCV), TENS, and medication. Currently, the injured worker complains of low back pain with radiation to the left S1 to the knee. The Treating Physician's report dated April 10, 2015, noted the injured worker reported her pain level as a 9/10, reduced to a 4/10 with medication. A MRI was noted to show disc space narrowing and mild-moderate herniated discs in the lower lumbar region. A previous epidural injection was noted to help for about a month. The injured worker's current medications were listed as Topamax, Cymbalta, Mobic, and Tizanidine. Physical examination was noted to show decreased sensation and subjective radicular pain in the left S1 nerve root distribution, with left paraspinal and piriformis muscle spasms appreciated, and tenderness to palpation throughout the back, and positive pain with facet loading maneuvers. The treatment plan was noted to include a request for authorization for a lumbar epidural steroid injection (ESI) under fluoroscopic guidance, prescriptions for medications, and continued use of Norco as prescribed by the primary treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine steroid injection under fluoroscopic guidance: Upheld

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

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

Decision rationale: 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 "series-of-three" injections in either the diagnostic or the therapeutic phase. In this case, the patient has symptoms and physical exam findings suggestive of radiculopathy however, the MRI does not corroborate this. The repeat ESI is not medically necessary.