

Case Number:	CM15-0103417		
Date Assigned:	06/05/2015	Date of Injury:	01/11/2000
Decision Date:	07/24/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/29/2015

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: 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 injured worker is a 49-year-old male who reported an industrial injury on 1/11/2000. His diagnoses, and/or impressions, are noted to include: lumbar herniated disc with spondylosis and without myelopathy; lumbar radiculopathy and lumbago; post-lumbar laminectomy pain syndrome; and sacroilitis. No current imaging studies were noted. His treatments were noted to include epidural steroid injection therapy; acupuncture treatments: helpful; chiropractic treatments: not helpful; physical therapy: not helpful; medication management; and return to full duty work with a lumbar corset and no restrictions. The progress notes of 4/1/2015 reported a return visit for medication refill with complaints of chronic, moderate radiating low back pain into the bilateral lower extremities, associated with numbness/tingling, left > right, along with cramping and spasms throughout his body, all of which is aggravated by activities and helped by injection therapy, use of the trans-cutaneous electrical nerve stimulation unit; the use of a lumbar corset when working; and medications. Objective findings were noted to include tenderness along the bilateral para-spinal muscles, left > right, and along the left sacroiliac joint, with spasms and limited range-of-motion; and a mildly antalgic gait. The physician's requests for treatments were noted to include lumbar inter-laminar epidural steroid injection with Touhy needle, for treatment of lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 Interlaminar Epidural Steroid Injection X 2 with Touhy Needle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd Edition, Chapter 7, Independent Medical Examination and Consultations, page 127, regarding follow up with pain management.

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 electro diagnostic 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. Repeat ESI is not clinically indicated unless criteria for reduction. In pain along with medication usage is met as outlined above. Therefore the request for 2 ESI injections cannot be certified as the response to the first ESI has not been measured objectively. The request is not medically necessary.