

Case Number:	CM15-0104606		
Date Assigned:	06/08/2015	Date of Injury:	07/24/2008
Decision Date:	07/09/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/01/2015

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 61 year old male, who sustained an industrial injury on 7/24/2008. Diagnoses have included lumbar radiculopathy, positive electromyography (EMG), secondary to herniated lumbar disc at L4-L5 to L5-S1 with retrolisthesis of L5 over S1. Treatment to date has included magnetic resonance imaging (MRI) and medication. According to the progress report dated 4/7/2015, the injured worker complained of low back pain with numbness and tingling in the bilateral legs, going all the way down to the feet, right greater than left. He was complaining of increasing pain in the low back. Magnetic resonance imaging (MRI) from 3/20/2014 showed disc herniation at L3-L4, L4-L5 and L5-S1. Exam of the lumbar spine revealed decreased lordosis. Lasegue's was positive on the right and equivocal on the left. There was positive straight leg raise at 65 degrees on the right and cross positive 80 degrees on the left, eliciting pain at the L5-S1 dermatome distribution. There was facet joint tenderness at L3, L4 and L5 levels bilaterally. There was tightness and spasm in the paraspinal musculature. The injured worker was temporarily totally disabled. Authorization was requested for lumbar epidural steroid injection at L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection lumbar L4-L5, L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 provided clinical documentation meets criteria as outlined above and therefore the request is medically necessary.