

Case Number:	CM15-0108438		
Date Assigned:	06/15/2015	Date of Injury:	06/06/2014
Decision Date:	12/04/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/05/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 51 year old male, who sustained an industrial-work injury on 6-6-14. He reported initial complaints of lower back pain. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy, thoracic sprain and strain, unspecified neuralgia, neuritis, and radiculitis, hip and thigh sprain-strain, lumbago, and thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included medication, lumbar ESI (epidural steroid injection) on 4-6-15 that was 50% effective, and diagnostics. Currently, the injured worker complains of chronic lower back pain. Per the primary physician's progress report (PR-2) on 4-22-15, exam notes lumbar range of motion reduced, positive straight leg raise on the left, persistent paresthesias in the left L3 dermatome, atrophied left quadriceps muscle compared to the right thigh, mild antalgic gait to the left. The Request for Authorization requested service to include Left lumbar 3-4 transforaminal epidural steroid injection. The Utilization Review on 5-11-15 denied the request for Left lumbar 3-4 transforaminal epidural steroid injection, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar 3-4 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Per the MTUS CPMTG 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 the documentation submitted for review, the injured worker previously underwent left lumbar L3-L4 transforaminal epidural steroid injection 4/6/15 with 50% pain relief. The medical records did not note an associated reduction of medication use for six to eight weeks. Absent such, the criteria for repeat injections are not met. The request is not medically necessary.