

Case Number:	CM15-0017338		
Date Assigned:	02/05/2015	Date of Injury:	07/09/2008
Decision Date:	12/04/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/29/2015

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: 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 50 year old female with a date of injury on 07-09-2008. The injured worker is undergoing treatment for lumbar degenerative disc disease, lumbar radiculitis, lumbar radiculopathy, depression, osteoarthritis involving the ankle and foot, myalgia and myositis, and depression. A physician progress note dated 12-18-2014 documents the injured worker has complaints of neck pain, bilateral shoulder pain , spine pain, bilateral knee pain, bilateral leg pain and bilateral foot pain. She is tearful and upset because of her pain levels this month and her functional limitations. Her knee pain is severe and the lumbar pain has increased and now radiates intermittently down the lateral regions of both legs to her ankles. The pain is constant. Today her pain is rated 5 out of 10, and over the last week w her pain has been rated 5 out of 10. She has numbness in her ankles. Lumbar spine range of motion is restricted. Straight leg raise is positive on the right. There is tenderness to palpation of the inferior lumbar spine. She has an antalgic gait and uses a cane. Treatment to date has included diagnostic studies, medications, status post knee arthroscopy, and Achilles tendon repair in 04-2013, revision of left shoulder 09-2014, and knee injections. Medications include Morphine sulfate, Venlafaxine, Voltaren gel, and Norco. The treatment plan includes refilling medications, a left epidural steroid injection at L5-S1, and follow up 2 weeks or 1 month after the procedure. On 01-13-2015 Utilization Review non-certified the request for Lumbar Epidural Steroid Injection L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L5-S1: 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: According to the guidelines, the criteria for the use of Epidural steroid injections: 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. 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 claimant had an MRI several years ago indicating bulging discs but there was no mention of nerve root involvement. In addition, the ESI was not requested with fluoroscopy. The ACOEM guidelines do not recommend ESI due to their short term benefit. The request for the ESI is not medically necessary.