

Case Number:	CM15-0131172		
Date Assigned:	07/20/2015	Date of Injury:	06/11/2009
Decision Date:	08/13/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/08/2015

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:

This is a 38 year old male with a June 11, 2009 date of injury. A progress note dated May 7, 2015 documents subjective complaints (mid back pain down to the lower back with severe left shoulder pain and numbness; pain in the back rated at a level of 6-8/10; back is worse on the left; intermittent cold sensation that radiates down the bilateral legs, worse on the left), and current diagnoses (degenerative disc disease of the lumbar spine; facet arthropathy of the lumbar spine; left knee arthralgia; multiple herniated nucleus pulposus of the lumbar spine). A progress note dated March 12, 2015 documents objective findings (gait is mildly antalgic; tenderness to palpation of the cervical and lumbar spine with some spasms into the bilateral paraspinal region; limited range of motion of the lumbar spine). Treatments to date have included medications, lumbar epidural steroid injection with 80% relief, physical therapy with no relief, acupuncture with no relief, and chiropractic with good relief. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included a transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Transforaminal epidural steroid injection bilaterally at L5 and S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the guidelines, the 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. In this case, the claimant's symptoms do not indicate neurological involvement. In addition, MRI findings do not indicate spinal cord compression findings. The ACOEM guidelines do not recommend ESI due to short term benefit. The request for ESI is not medically necessary.