

Case Number:	CM15-0131442		
Date Assigned:	07/20/2015	Date of Injury:	09/25/2014
Decision Date:	08/20/2015	UR Denial Date:	06/12/2015
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: 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 56-year-old male who sustained an industrial injury on 09/25/14. He reported back pain. Initial diagnoses included lumbosacral sprain/strain, lumbosacral neuritis, and L4-5 disc bulge. Current diagnoses include lumbar radiculopathy, lumbar stenosis, lumbar spondylosis, lumbar disc bulge, and lumbar facet arthropathy. Diagnostic testing and treatments to date have included MRI, epidural steroid injection, physical therapy, and pain medication management. In a progress note dated 05/26/15, the injured worker reports significant improvement of his radiating pain for 5 to 6 weeks after left L4-L5 transforaminal epidural steroid injection on 04/13/15. He currently describes pain in the left low back radiating to the buttock with burning and aching sensation into the left posterior and lateral thigh to the knee, which is affecting his ability to exercise; the pain is rated as an 8 on a 10 point pain scale. He was recently diagnosed with diabetes after the first epidural injection, and is on a strict diabetic diet with stable blood sugars. Physical examination is remarkable for decreased lumbar lordosis, and decreased lumbar range of motion with tenderness to palpation over the lumbar paraspinal muscles, left sciatic notch, and gluteal muscles bilaterally; he has an antalgic gait. Current plan of care and treatment request includes left L4-L5 transforaminal epidural steroid injection; the injured worker is to watch his blood sugars closely following the injection as he may require some adjustment in the first week following the treatment, and he expresses understanding. The injured worker is under temporary total disability. Date of Utilization Review: 06/12/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 TFESI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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 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 "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The documentation submitted for review indicates that the injured worker underwent left L4-L5 TFESI on 4/13/15. He reported 5-6 weeks of pain relief. The degree of pain relief was not quantified, and an associated reduction of medication use was not documented. As the guideline criteria is not met, the request is not medically necessary.