

Case Number:	CM15-0132337		
Date Assigned:	07/20/2015	Date of Injury:	01/09/1981
Decision Date:	08/24/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/09/2015

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 76 year old female who sustained an industrial injury on 01/09/1981. Mechanism of injury was not found in the documents provided. Diagnoses include post laminectomy syndrome of the lumbar region, lumbar radiculopathy, sacroiliac joint somatic dysfunction, and pain in the thoracic spine. Treatment to date has included diagnostic studies, status post lumbar fusion in 1996, epidural injections, use of heat and ice, medications and a home exercise program. She takes Aleve for pain. A physician progress note dated 05/21/2015 documents the injured worker complains of back pain and left greater than right leg pain that is anterolateral with numbness and tingling across the knees. She is requesting a repeat bilateral L3-4 epidural. She received a L3-4 epidural on 01/28/2014 which helped her. This epidural allowed for more flexibility and function with less pain for more than 6-8 months, and she was able to get off the opioids. She rates her pain as 8 out of 10 without medications, and with medications her pain is 5 out of 10 on the Visual Analog Scale. She has tenderness over the lower paraspinal. She has significant right lateral hip tenderness over the trochanteric bursa. Lumbar range of motion is restricted. There is positive straight leg raise bilaterally. There is intermittent dysesthesia on her left foot with hypoesthesia and also anterolateral thighs and knees. Treatment requested is for Injection - steroid repeat lumbar transforaminal at bilateral L3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection - steroid repeat lumbar transforaminal at bilateral L3-4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic.

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 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 documentation submitted for review indicates that the injured worker previously underwent L3-L4 epidural steroid injection on 1/28/14. It was noted that this epidural allowed for more flexibility and function with less pain for more than 6-8 months, and she was able to wean off opiate medication. I respectfully disagree with the UR physician's assertion that there was no documentation supporting repeat injection. The request is medically necessary.