

Case Number:	CM15-0132523		
Date Assigned:	07/20/2015	Date of Injury:	11/29/1999
Decision Date:	08/14/2015	UR Denial Date:	07/01/2015
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: 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 58-year-old female who sustained an industrial injury on 11-29-1999. The diagnosis is multilevel lumbar disc degeneration most notable at L4-L5 and L5-S1 with back pain and lumbosacral radiculopathy. In an initial specialist consultation dated 6-19-15, the physician notes the injured worker has a long history of chronic pain and has apparently been declared permanent and stationary. She reports increased pain affecting the right lumbosacral area over the past 5 years with significant worsening over the past few months. The pain is associated with burning pain affecting the lateral aspect of the right leg with parasthesias affecting the larteral proximal calf area and the lateral aspect of the right foot. Symptoms are worse with sitting, standing and walking. Medications are Trazadone, Tramadol, Lyrica and Venlafaxine. The physician notes, based on review of the radiologic studies it appears there has been some possible progression of the injured workers spondylolisthesis and associated lumbar disc injuries-radiculopathy. The requested treatment is a lumbar epidural corticosteroid injection to the bilateral L5-S1; interlaminar approach.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural corticosteroid injection to the bilateral L5-S1, interlaminar approach:
Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines epidural injection Page(s): 47.

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 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 a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case, there is contact of the S1 nerve on MRI and the claimant has saddle anesthesia and burning due to radiculopathy. The claimant has undergone conservative therapy. The request for a lumbar ESI is appropriate and medically necessary.