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| Case Number: | CM15-0133372 | | |
| Date Assigned: | 07/21/2015 | Date of Injury: | 03/02/2012 |
| Decision Date: | 08/17/2015 | UR Denial Date: | 06/19/2015 |
| Priority: | Standard | Application Received: | 07/10/2015 |

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 52 year old male with a March 2, 2012 date of injury. A progress note dated June 11, 2015 documents subjective complaints (cervical, upper thoracic, bilateral shoulder, bilateral elbow, right arm; lumbar, bilateral sacroiliac joint, bilateral hip, bilateral knee, and bilateral leg pain; pain rated at a level of 9/10; pain rated at a level of 10/10 at its worst and 7/10 at its best; numbness and tingling of the lumbar area, bilateral sacroiliac joints, buttocks, bilateral legs, bilateral knees, bilateral ankles, and bilateral feet; dizziness; anxiety and stress; insomnia), objective findings (palpable tenderness of the bilateral shoulders; decreased range of motion of the bilateral shoulders; decreased range of motion of the bilateral knees; decreased Rom of the lumbar spine), and current diagnoses (sciatica; disturbance of skin sensation; lumbar intervertebral disc disorder with myelopathy). Treatments to date have included medications and imaging studies. The treating physician documented a plan of care that included a series of three epidural steroid injections for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 Epidural Injections, Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural injections 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 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 physician's justification for the ESI was an EMG/NCV but the results were not provided. In addition, exam findings did not correlate with radiculopathy or MRI findings. The limit is to 2 ESI and the request was for 3. The request is not medically necessary.