

Case Number:	CM15-0134467		
Date Assigned:	07/22/2015	Date of Injury:	05/27/2011
Decision Date:	08/19/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/13/2015

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 (IW) is a 44-year-old male who sustained an industrial injury on 05/27/2011. Diagnoses/impressions include post-laminectomy syndrome; right lumbar radiculopathy; epidural fibrosis contributory to right lumbar radiculopathy; bilateral facet hypertrophy L4-L5 and L5-S1; and morbid obesity. Treatment to date has included medications, physical therapy, chiropractic, acupuncture, left and right shoulder surgeries, laminectomy and discectomy, left shoulder injections, lumbar epidural steroid injections (LESI) and psychotherapy. Chiropractic and ESIs were helpful, though temporary. According to the Initial Pain Medicine Evaluation Report dated 6/1/15, the IW reported constant lower back pain that radiated into the right lower extremity. The pain increased with prolonged sitting, walking and standing. He rated the pain 5/10 at best and 10/10 at worst. On examination, range of motion was decreased from the waist in all planes. There appeared to be palpable trigger points in the lumbar paraspinal and buttocks muscles. Knee and ankle jerks were absent. Bilateral lower extremity weakness was noted, significantly with right foot flexion and extension. Straight leg raise was positive on the right with some crossover to the left. An MRI dated 8/13 (no year specified) showed evidence of the prior hemilaminectomy; left and right neural foraminal stenosis at L5; facet hypertrophy at L4- L5 and L5-S1 with a facet cyst, 7mm, at the right L5 facet joint, abutting the right S1 nerve root. A request was made for right L5-S1 lumbar epidural steroid injection for treatment of radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 lumbar epidural injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 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 researches do not support "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. Epidural Steroid Injections may provide short-term improvement for nerve root compression due to a herniated nucleus pulposus. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case, the claimant already had lumbar decompression surgery. There were no radicular signs on recent exam. Prior ESIs provided short term benefit. The request, therefore, for additional lumbar epidural steroid injections is not medically necessary.