

Case Number:	CM15-0138651		
Date Assigned:	07/28/2015	Date of Injury:	08/13/2008
Decision Date:	09/02/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/17/2015

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 66-year-old male, who sustained an industrial injury on 8/13/08. He reported back pain. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar spondylosis, possible lumbar facetogenic pain, and lumbar radicular pain. Treatment to date has included physical therapy and medication. Physical examination findings on 5/12/15 included trigger point tenderness of bilateral L4-5 paraspinal muscles and straight leg raising elicited back pain and left buttock pain. Currently, the injured worker complains of low back pain. The treating physician requested authorization for bilateral L5 selective epidural steroid injections with conscious sedation and fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 Selective Epidural Steroid Injection with Conscious Sedation and Fluoroscopic Guidance: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections, diagnostic.

Decision rationale: Recommended in selected cases as indicated below. Diagnostic epidural steroid transforaminal injections are also referred to as selective nerve root blocks, and they were originally developed, in part, as a diagnostic technique to determine the level of radicular pain. The role of these blocks has narrowed with the advent of MRI. Few studies are available to evaluate diagnostic accuracy or post-surgery outcome based on the procedure and there is no gold standard for diagnosis. No more than 2 levels of blocks should be performed on one day. The response to the local anesthetic is considered an important finding in determining nerve root pathology. (CMS, 2004) (Benzon, 2005) When used as a diagnostic technique a small volume of local is used (<1.0 ml) as greater volumes of injectate may spread to adjacent levels. (Sasso, 2005) (Datta, 2013) (Beynon, 2013) Indications for diagnostic epidural steroid injections: 1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below; 2) To help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies; 3) To help to determine pain generators when there is evidence of multi-level nerve root compression; 4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive; 5) To help to identify the origin of pain in patients who have had previous spinal surgery. Per progress report dated 6/10/15, physical exam noted Achilles reflex was 1+, sensation was reduced in the bilateral L5 dermatomes, strength was 5/5 in the lower extremities bilaterally. MRI of the lumbar spine dated 4/16/15 revealed L4-5: Mild broad-based, disc herniation and prominence the dorsal epidural fat. Mild hypertrophic changes of the facet joints, there is mild central spinal stenosis and encroachment of the subarticular and foraminal recesses. There is mild central spinal stenosis. There is no significant neural foraminal narrowing. L5-S1: Broad-based disc herniation which contains a focus of T2/STIR signal hyper intensity within the right paracentral region consistent with annular fissuring, There are hypertrophic changes of the facet joints without significant central spinal stenosis. There is mild bilateral neural foraminal narrowing. I respectfully disagree with the UR physician's denial based upon conservative measures being exhausted. The injured worker has been treated with physical therapy and medication management. The request is medically necessary.