

Case Number:	CM15-0139056		
Date Assigned:	07/29/2015	Date of Injury:	02/24/2015
Decision Date:	08/31/2015	UR Denial Date:	06/25/2015
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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old male with an industrial injury dated 02/24/2015. The injured worker's diagnoses include disc protrusion at L4-5 with grade one spondylolisthesis, status post lumbar discectomy at L5-S1 and positive radiculopathy. Treatment consisted of MRI of lumbar spine, X-ray of lumbar spine, physical therapy, prescribed medications, lumbar epidural injection on 05/15/2015 and periodic follow up visits. In a progress note dated 05/18/2015, the injured worker reported persistent pain in the low back area and pain in the right lower extremity. The injured worker rated pain a 7/10. Objective findings revealed tenderness in the lumbar paraspinals and decreased sensation in the right leg and lateral foot area. In a more recent progress note dated 6/22/2015, the injured worker continued to have persistent pain in the lower back area. Objective findings revealed tenderness in the lumbar paraspinals and decrease sensation in the right lateral leg. The treating physician prescribed services for second epidural steroid injection at right L4-L5 under fluoroscopy now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second Epidural Steroid Injection at Right L4-L5 under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections, ESI's Page(s): 46, 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 'Low Back - Lumbar & Thoracic -Acute & Chronic' Chapter under 'Epidural steroid injections, therapeutic'.

Decision rationale: The patient presents on 05/18/15 with lower back pain rated 8/10 which radiates into the right leg. The patient's date of injury is 02/24/15. Patient is status post lumbar ESI on 05/15/15. The request is for Second Epidural Steroid Injection at right L4-L5 under fluoroscopy. The RFA was not provided. Physical examination dated 05/18/15 reveals tenderness to palpation of the lumbar spine and decreased lumbar range of motion in all planes. No other positive physical findings are included. The patient is currently prescribed Meloxicam and Orphenadrine. Diagnostic imaging included lumbar MRI dated 03/23/15, significant findings include: "superimposed left foraminal disc osteophyte protrusion in association with severe left and moderate right facet degenerative disease results in severe canal stenosis and severe left and moderate right neuroforaminal narrowing at L3-L4... 5mm disc bulge with mild posterior osteophytic ridging in associate with moderate bilateral facet degenerative disease results in severe right and moderate to severe left neuroforaminal narrowing..." Per 05/18/15 progress note, patient is unable to return to previous duties, though current work status is not specifically stated. MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "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." ODG guidelines, chapter 'Low Back - Lumbar & Thoracic -Acute & Chronic-' and topic 'Epidural steroid injections, therapeutic', state that "At the time of initial use of an ESI formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention, a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block < 30% is a standard placebo response. A second block is also not indicated if the first block is accurately placed unless: a. there is a question of the pain generator; b. there was possibility of inaccurate placement; or c. there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections". In this case, the provider is requesting a repeat lumbar ESI following an initial ESI at the same level performed on 05/15/15. Addressing the efficacy of this initial injection, progress note dated 05/18/15 has the following: "The patient is status post lumbar epidural steroid injection on 05/15/15. Overall, he has no substantial improvements in symptoms." Regarding therapeutic lumbar ESI, ODG requires a greater than 50% reduction in pain following an initial injection to substantiate another. It is unclear why the provider would request a repeat ESI if the first was ineffective. Without documentation of improvement in this patient's symptoms attributed to the initial lumbar ESI, a repeat injection cannot be substantiated. The request is not medically necessary.