

Case Number:	CM15-0143780		
Date Assigned:	08/04/2015	Date of Injury:	02/07/2012
Decision Date:	09/01/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/24/2015

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 54-year-old female, who sustained an industrial injury on 2-7-2012. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar back pain, thoracic-lumbosacral neuritis-radiculitis, and lumbar degenerative disc disease and lumbosacral disc degeneration. Hip magnetic resonance imaging showed mild degenerative osteoarthritis in bilateral hip and mild tendinosis of the left psoas tendon. Treatment to date has included physical therapy, acupuncture, epidural steroid injection, piriformis injections and medication management. In a progress note dated 6-15-2015, the injured worker complains of low back pain with severe left hip pain and lower extremity numbness and tingling, rated 7 out of 10 at present visit and 3 out of 10 with medication. Physical examination showed lumbar-sacroiliac joint and sciatic notch tenderness. The treating physician is requesting Lumbar ESI Epidural steroid injection at bilateral lumbar 4-lumbar 5 and lumbar 5-sacral 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI Epidural steroid injection at bilateral L4-L5 and L5 S1 #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

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 researches do not support "series-of-three" injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections. In this case, the claimant does have radiculopathy and had responded well to an ESI 5 months ago. However, the claimant has good pain control with oral medications (3/10). The ACOEM guidelines do not recommend ESI due to short-term benefit. The request for another ESI at this time is not medically necessary.