

Case Number:	CM15-0144573		
Date Assigned:	08/05/2015	Date of Injury:	03/14/1995
Decision Date:	09/02/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/27/2015

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 68-year-old male who sustained a work related injury March 14, 1995. An MRI report of the lumbar spine performed January 28, 2014, is present in the medical record. According to a pain management re-evaluation report, dated June 4, 2015, the injured worker presented with a reoccurrence of lumbar radicular symptoms, lower back, down left buttock, along the posterior aspect of the left thigh, and down the lateral aspect of the left calf. His last epidural injection performed March 30, 2015 provided 50% reduction in pain lasting approximately 7-8 weeks. He rates his current pain as 7 out of 10. He also reports discomfort in the thoracic spine (unspecified) which is recommended for physical therapy. Physical examination of the lumbar spine revealed; straight leg raise positive on the left at 60 degrees; decreased sensation in the L5-S1 dermatomes; deep tendon reflexes are diminished in the Achilles; and heel to toe walk is intact and coordinated. Impression is documented as lumbar spine radiculitis. At issue, is the request for authorization for a L5-S1 epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 epidural injection, Fluoro, MAC: Overturned

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

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 researches do not support "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case, the claimant does have, MRI, EMG/NCV and physical findings consistent with radiculopathy. Previous ESI provided over 6 weeks of 50% relief. Based on the information provided an additional ESI is appropriate.