

Case Number:	CM15-0160421		
Date Assigned:	08/26/2015	Date of Injury:	11/07/2014
Decision Date:	10/02/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	08/17/2015

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 60 year old male with an industrial injury dated 11-07-2014. His diagnoses included degenerative disc disease-lumbar, lumbar radiculopathy, pain in low back, scoliosis and lumbar spinal stenosis. Prior treatment included epidural injections, physical therapy and medications. He presents on 07-01-2015 with complaints of back pain. He had undergone two epidural injections in April and May, which had alleviated his sciatic complaints. He had some residual left leg numbness. Range of motion of the lumbar spine was limited to 75% of normal due to pain. Sensation to light touch was decreased on the left at lumbar 5-sacral 1. MRI dated 02-17-2015 showed degenerative changes in combination with patient's lipomatosis results in moderate to severe central canal narrowing at every lumbar level with probable impingement of multiple descending nerve roots. The treatment request is for:
 Outpatient: Left L5-S1 transforaminal epidural steroid injection under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient: Left L5-S1 transforaminal epidural steroid injection under fluoroscopy:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Criteria for the use of Epidural steroid injections Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 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 research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Per progress report dated 7/1/15, it was noted that sensation to light touch was decreased on the left L5 and S1. Seated SLR was positive on the left with a positive Lasegues on the left. Motor strength of the lower extremities was 5/5 in all groups bilaterally. Lower extremity deep tendon reflexes were 2+ and symmetrical bilaterally. MRI of the lumbar spine dated 2/17/15 showed multilevel, degenerative disc disease, at L5-S1 severe central and moderate bilateral neuroforaminal stenosis. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented, so medical necessity is not affirmed. As the first criteria are not met, the request is not medically necessary.