

Case Number:	CM15-0162680		
Date Assigned:	08/31/2015	Date of Injury:	11/10/1999
Decision Date:	10/05/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/19/2015

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 62 year old male who sustained a work related injury November 10, 1999. According to an interventional pain management physician's progress report, dated July 13, 2015, the injured worker presented with complaints of lumbar back pain that radiates into the left leg, down the side, back of the left thigh, and into the left foot, rated 8 out of 10. Over the past three months treatment included activity modification, anti-inflammatory medication, trigger point injections and previous epidural injections with good results. Physical examination revealed; 6'4" and 195 pounds; left straight leg raise positive, slight weakness great toe extension, antalgic gait, trigger points left lumbar paraspinal muscles, trigger point has discrete focal tenderness in the palpable taut muscle and proper twitch response. Diagnoses are myalgia myositis; lumbar disc displacement; lumbar radiculopathy. Treatment plan included trigger point injections, left lumbar paraspinal muscles during office visit. At issue, is a request for authorization for lumbar transforaminal epidural injections left L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal epidural left L4-5 and L5-S1, under fluoroscopic guidance, outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

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 'series-of-three' injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Per progress report dated 7/13/15, physical exam revealed slight weakness with great toe extension, knee hypo reflexive, left straight leg raising test positive. Sensory exam was not documented. The medical records did not contain imaging studies or electrodiagnostic testing. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. These findings are not documented, so medical necessity is not affirmed. As the first criteria was not met, the request is not medically necessary.