

Case Number:	CM15-0164608		
Date Assigned:	09/02/2015	Date of Injury:	04/06/1994
Decision Date:	10/05/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/21/2015

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 77 year old male who sustained an injury on 4-6-94 resulting from a truck accident. A progress report dated 6-15-15 states severe pain from a fall in a local store when he ambulated without the walker because it was a small space. Since the last visit in March 2015 he has had only one fall. He had 2 weeks of pain relief from a lumbar epidural block. Medication includes Butrans patch 20, Prozac 40 mg, 1 every morning; Neurontin 400 mg 1 twice a day. Diagnoses are lumbar degenerative disc disease; chronic pain secondary to trauma, chronic opioid therapy, post laminectomy syndrome; status post spinal cord stimulator. The plan is slowly increase walking and activity; continue 24 hour home care; request 5 hours per week of chairperson care in addition to 24 hours of personal care as the IW is unsafe to remain home alone. PR2 dated 7-2-15 follow up exam reports doing a left sided L2 and L3 transforaminal epidural steroid injection for his left sided back and leg pain due to lumbar radiculitis. He states that it helped significantly with his left leg pain but some of the pain has begun to return and is experiencing some right sided leg pain. A repeat CT scan showed some spinal stenosis at L3-4 and L4-5. His current pain in his right leg still requires the use of a walker to walk. Burans patch 20 mcg; Gabapentin and Lidoderm patch were requested. No other new symptoms were reported at this visit. The physical examination results were musculoskeletal bilateral paraspinal tenderness to palpation with restrictions in flexion and extension secondary to pain; rotation and side bending appear to be intact. Neurological manual muscles testing across all myotomes in the lower extremities appear normal at 5.5 with exception of some mild weakness noted in the bilateral knee extension and dorsiflexion at 4+, 5; bilateral patellar and Achilles reflexes are

normal; negative Babinski and negative straight leg raise; gait appears to be grossly intact. The plan is to request an interlaminar epidural steroid injection to decrease the inflammation, help his symptoms, and allow him to walk further distances. Current requested treatments bilateral lumbar translaminar epidural steroid inject L3, 4; quantity 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar translaminar epidural steroid injection L3/4 Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 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 research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case, the claimant received prior epidural injections but current exam does not show radicular findings despite prior abnormalities in CT. The ACEOM guidelines do not recommend ESI do to their short-term benefit. The request for additional ESI is not medically necessary.