

Case Number:	CM15-0167009		
Date Assigned:	09/04/2015	Date of Injury:	05/03/2005
Decision Date:	10/14/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/25/2015

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: North Carolina

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 56 year old male, who sustained an industrial-work injury on 5-3-05. He reported initial complaints of low back pain. The injured worker was diagnosed as having lumbar spondylosis. Treatment to date has included medication, ESI (epidural steroid injection) with temporary response, exercising and strengthening, laminectomy surgery (L4-5 level). MRI results were reported on 7-9-15 demonstrated broad based disc bulging and protrusions at L4-5 and L5-S1. X-rays were reported to demonstrate L5-6 laminectomy and moderate degenerative changes. Currently, the injured worker complains of more low back pain and right leg pain that radiated to the anteriolateral aspect of the thigh from the groin to the knee. Per the primary physician's progress report (PR-2) on 7-9-15, exam reveals decreased sensation in the right L3 and L4 dermatomal distribution with restricted range of motion, positive straight leg raise, and 1+ reflexes at the knee and absent at the ankle. Current plan of care includes ESI (epidural steroid injection). The Request for Authorization date was 7-14-15 and requested service included Lumbar Transforaminal Epidural Steroid Injection at right L4-5 and L5-S1. The Utilization Review on 7-22-15 denied the request due to no prior benefit from the prior ESI (epidural steroid injection) and current finding supported ongoing radiculopathy and diagnostics showing no acute pathology at the level of injection, based on the CA MTUS (California Medical Treatment Utilization Schedule) Guideline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal epidural steroid injection at right L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: 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 the therapeutic phase. We recommend no more than 2 ESI injections. The patient has the documentation of back pain however there is no included imaging or nerve conduction studies in the clinical documentation provided for review that collaborates dermatomal radiculopathy found on exam for the requested level of ESI. Therefore, criteria have not been met and the request is not medically necessary.