

Case Number:	CM15-0168645		
Date Assigned:	09/09/2015	Date of Injury:	03/04/2013
Decision Date:	10/14/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/26/2015

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 45 year old male, who sustained an industrial injury on March 4, 2013 and reported right eye, neck and low back pain. The injured worker is currently diagnosed with lumbar disc protrusion, lumbar stenosis and lumbar nerve root injury. His work status is modified duty. Currently, the injured worker complains of constant, moderate low back pain described as dull that radiates to his left leg and is accompanied by tingling and weakness. The pain is rated at 6 on 10 and is relieved by medication and rest. He reports prolonged sitting, standing and walking aggravate his symptoms. He also reports sleep disturbance despite taking Ambien. Examinations dated January 27, 2015 to July 21, 2015, reveals painful, but normal range of motion in the low back, and tenderness to palpation of the left and right gluteus. He is able to heel-toe walk without difficulty. A lumbar epidural steroid injection administered on April 28, 2015 relieved his pain by 50% and increased his range of motion and level of activity, there was not; however a decrease in his pain medication, per note dated June 10, 2015. The injured worker has also had toxicology screens, x-rays, MRIs and medications. A request for pain management specialist for a third lumbar epidural steroid injection at L4-L5 was non-certified, per utilization letter dated August 5, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Specialist for 3rd LESI (Lumbar epidural steroid injection) at L4-L5:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46.

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 therapeutic phase. We recommend no more than 2 ESI injections. The patient has the documentation of previous ESI but no documentation of 50% reduction in pain lasting 6-8 weeks with decrease in medication usage. Therefore the request is not medically necessary.