

Case Number:	CM15-0169249		
Date Assigned:	09/09/2015	Date of Injury:	02/26/2015
Decision Date:	10/13/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/27/2015

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 was a 50-year-old female, who sustained an industrial injury, February 26, 2015. The injury was sustained the injury while the injured worker was walking on the sidewalk, there was a hose going along and the injured worker stepped over the hose, at the same time the person using the hose lifted it and the injured worker tripped and fell. According to progress note of July 14, 2015, the injured worker's chief complaint was severe back pain. The injured worker was only able to complete 1 session of physical therapy due to pain and one session of aqua therapy. The physical exam noted severe stiffness in the neck and low back. The pain in the neck went down both arms and pain in the back went into the right leg mostly. There was muscle stiffness in the neck and the back. There was decreased range of motion of the cervical spine. There was significant pain in the lower back with range of motion. The injure worker walked with a mildly antalgic gait, limited on the right. The leg lift on the right was positive in the right at 30 degrees and 60 degrees on the left. The injured worker was diagnosed with lumbar discogenic disease and cervical discogenic disease. The injured worker previously received the following treatments physical therapy, aqua therapy, Gabapentin, Naproxen, Omeprazole, Baclofen, Ibuprofen, Tramadol, failed Tizanidine therapy, lumbar spine MRI on July 8, 2015 showed multilevel disc disease of the lumbar spine and foraminal stenosis at L4-L5 and L5-S1 with mild to moderate central spinal canal stenosis at L4-L5 and pain management. The RFA (request for authorization) dated July 28, 2015, the following treatment was requested as an outpatient lumbar epidural steroid injection at the L4-L5 and L5-S1 levels times two, under fluoroscopic guidance and one injection was certified. The UR (utilization review board) denied certification on August 3, 2015 of the request was modified for one injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injections at the L4-5 and L5-S1 levels times 2 under fluoroscopic guidance: Upheld

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

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 therapeutic phase. We recommend no more than 2 ESI injections. The patient has the documentation of back pain however the request is for 2 ESI and this cannot be approved unless there is a clear response as cited above to the initial ESI. Therefore, the request is not medically necessary.