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| Case Number: | CM15-0180170 | | |
| Date Assigned: | 09/22/2015 | Date of Injury: | 12/17/2007 |
| Decision Date: | 11/02/2015 | UR Denial Date: | 09/02/2015 |
| Priority: | Standard | Application Received: | 09/14/2015 |

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 36 year old female, who sustained an industrial injury on December 17, 2007. On June 2, 2015 the injured worker had a lumbar transforaminal epidural steroid injection of bilateral L4-5 and reported no (less than 5%) overall improvement. On July 11, 2015 the injured worker reported low back pain with radiation of pain down the bilateral lower extremities. Her pain was accompanied by numbness frequently in the bilateral lower extremities to the level of the feet and was aggravated by activity, standing and walking. She rated her pain a 4-5 on a 10-point scale with medications and a 9 on a 10-point scale without medications. Her pain rating was unchanged since her previous evaluation. She reported that her current medications were helpful and reported moderate improvement due to the therapy. On physical examination the injured worker had spasm over the bilateral lumbar paraspinal muscles and tenderness to palpation in the bilateral paravertebral area of L4-S1. She had significantly increased pain with flexion and extension and her sensory examination revealed decreased sensitivity to touch along the L4-5 dermatome in the bilateral lower extremities. An MRI of the lumbar spine on February 25, 2013 was documented as revealing concentric disc bulge at L4-5. The injured worker was diagnosed as having lumbar radiculopathy. A request for authorization for bilateral interlaminar lumbar epidural steroid injection L4-5 under fluoroscopy was received on August 28, 2015. On September 2, 2015, the Utilization Review physician determined bilateral interlaminar lumbar epidural steroid injection L4-5 under fluoroscopy was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Interlaminar lumbar epidural steroid injection L4-5 under fluoroscopy: Upheld

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

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

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 a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Per the documentation submitted for review, it is noted that the injured worker underwent lumbar transforaminal epidural steroid injection of the bilateral L4-L5 and reported no overall improvement. As the criteria for repeat injection is not met, the request is not medically necessary. Furthermore, the requested interlaminar procedure does not require bilateral injections.