

Case Number:	CM15-0181516		
Date Assigned:	09/22/2015	Date of Injury:	05/28/2014
Decision Date:	11/03/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/15/2015

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 53-year-old female, who sustained an industrial injury on May 28, 2014. She reported pain in her left shoulder, knees, hands and right hip. She later developed increasing lower back pain. The injured worker was currently diagnosed as having lumbar disc displacement without myelopathy, brachial neuritis or radiculitis not otherwise specified, sleep disturbance not otherwise specified and encounter for long-term use of other medications. Treatment to date has included diagnostic studies, exercise, medication, massage, rest, transcutaneous electrical nerve stimulation unit, surgery, physical therapy, left shoulder cortisone injection and Interspec unit. The injured worker had good relief with physical therapy and some relief with massage. The chiropractic treatment and transcutaneous electrical nerve stimulation unit provided no relief. On July 31, 2015, the injured worker complained of lower back pain with radiation to the left hip and right hip. The pain was described as cramping, shooting, spasmodic, squeezing and throbbing. She rated the pain as a 9 on a 1-10 pain scale. She was noted to have pain symptoms on a continuous basis, but the symptoms were relieved "somewhat" by current medications. Current medications included Advair, Flonase Allergy, Percocet, Robaxin, Motrin, Senna Laxative and Gabapentin. Percocet was reported to drop her pain down to a 7 on the pain scale. The treatment plan included lumbar epidural steroid injection, physical therapy, medication, acupuncture, transcutaneous electrical nerve stimulation unit and a follow-up visit. On August 28, 2015, utilization review denied a request for a lumbar epidural injection at L5-S1. A request for an orthopedic consultation was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 electro diagnostic 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 researches do not support "series- of-three" injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections. MRI of the lumbar spine dated 1/3/15 revealed at L5-S1: Disc bulge is present and there are moderate facet arthropathy changes without significant spinal canal stenosis. Disc bulge and osteophyte ridge causes mild to moderate right and mild left foraminal stenosis; the exiting L5 nerve roots do not appear compressed. Per the medical records, it was noted that the injured worker was previously treated with epidural steroid injection with poor results. The medical records did not contain documentation of at least 50% pain relief with associated reduction in medication usage for 6-8 weeks. Repeat injection is not indicated. The request is not medically necessary.