

Case Number:	CM15-0183002		
Date Assigned:	09/23/2015	Date of Injury:	08/14/2014
Decision Date:	10/29/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/17/2015

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:

This injured worker is a 60 year old male who reported an industrial injury on 8-14-2014. His diagnoses, and or impressions, were noted to include lumbar strain; right lower extremity radiculopathy with moderate-severe spinal stenosis at lumbar 4-5, moderate at lumbar 3-4, and multiple extra-foraminal impingement and lumbar 4 nerve root impingement; abnormal reflexes bilateral ankles and clonus, indication upper motor neuron pathology. Recent magnetic imaging studies of the lumbar spine were said to have been done on 3-25-2015. His treatments were noted to include physical therapy, chiropractic treatments; medication management; and modified work duties. The progress notes of 7-10-2015 reported lower back pain that worsened after activity. The objective findings were noted to include no acute distress; abnormally very brisk bilateral ankle reflexes with bilateral 3-beat clonus; and 3+ deep tendon reflexes on the left knee. The physician's request for treatments was noted to include right lumbar 5 - sacral 1 lumbar epidural steroid injection, said to be accepted, for right lower extremity radiculopathy. The Request for Authorization for right lumbosacral epidural steroid injection was not noted in the medical records provided. The Utilization Review of 8-18-2015 non-certified the request for a right lumbosacral epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 lumbar epidural steroid injection: Overturned

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 therapeutic phase. We recommend no more than 2 ESI injections. The patient has the documentation of radiculopathy on exam and collaborating imaging reports and failure of conservative therapies. Therefore, the request is medically necessary.