

Case Number:	CM15-0183315		
Date Assigned:	09/24/2015	Date of Injury:	03/16/2010
Decision Date:	10/29/2015	UR Denial Date:	08/27/2015
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:

The injured worker is a 57-year-old female with a date of injury on 03-16-2010. The injured worker is undergoing treatment for lumbar radiculopathy, lumbar disc displacement, lumbar spinal stenosis, and lumbar degenerative disc disease. A physician progress note dated 07-29-2015 documents the injured worker was status post transforaminal lumbar epidural injection on the left L4-L5 on 06-19-2015 which improved pain relief by 50%. Her range of motion was increased and she was taking less pain medication since the procedure was done. She rated her average pain as 6 out of 10 on the Visual Analog Scale, and pain has decreased since her last visit. Activity level has improved. Since her last visit, her quality of life has improved. She walks with a normal gait. On examination, she has tenderness noted over the posterior iliac spine on the left side. There is decreased touch sensation over the left calf, and Straight leg raising is positive on both sides. Treatment to date has included diagnostic studies, medications, use of hot and cold therapy, use of a TENS unit, physical therapy, acupuncture, and epidural steroid injections. Current medication includes Omeprazole. She is not working. The Request for Authorization 07-31-2015 is for a third epidural injection. On 08-27-2015 the Utilization Review non-certified, the requested treatment of a 3rd lumbar epidural steroid injection at left L4-L5 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

3rd lumbar epidural steroid injection at left L4-L5 level: Upheld

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 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. The patient has the documentation of back pain however; previous ESI has not produced 50% reduction in pain lasting 6-8 weeks with documented decrease in medication usage. In addition, a series of 3 ESI is not recommended. Therefore, the request is not medically necessary.