

Case Number:	CM15-0183372		
Date Assigned:	09/24/2015	Date of Injury:	01/30/2015
Decision Date:	11/17/2015	UR Denial Date:	08/17/2015
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: 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 43 year old male with an industrial injury dated 01-30-2015. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine myoligamentous sprain and strain, right lumbar radiculopathy and radiculitis, discogenic mechanical low back pain, and right L4-5 disc bulge with foraminal narrowing. According to the progress note dated 07-16-2015, the injured worker reported mild low back pain. Pain level was 2 out of 10 on a visual analog scale (VAS). Objective findings (07-16-2015 to 08-03-2015) revealed lumbar spine flexion of 75 degrees, extension 25 degrees, left lateral flexion 40 degrees, right lateral flexion 30 degrees, straight leg raise 90 degrees on left and 75 degrees on right, and reflexes of patellar positive 2 on the right and left. In a progress report dated 08-03-2015, the injured worker still reports constant pain in the right aspect of low back with radiating pain in the right leg was less severe. The pain increase when bending. The treating physician reported that the Magnetic Resonance Imaging (MRI) performed on 07-24-2015 revealed "L3-4 3mm. left foraminal disc bulge noted with an associated small annular tear the left lateral disc margin. Mild facet arthropathy is noted bilaterally without significant central stenosis. Mild left foraminal narrowing is noted. Disc degeneration at L4-5 with a 2-3mm. right and central disc bulge noted. Mild facet arthropathy is noted bilaterally without significant central stenosis. Mild foraminal narrowing is noted bilaterally right greater than left. Milder lumbar spondylotic changes are noted at the remaining disc levels." Treatment has included diagnostic studies, prescribed medications, home exercise program and periodic follow up visits. The treatment plan included evaluation and management and lumbar epidural steroid injection (ESI). The treating physician

prescribed services for lumbar epidural steroid injection at L5-S1. The utilization review dated 08-17-2015, non-certified the request for lumbar epidural steroid injection at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L5-S1: 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: 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 progress report dated 3/31/15, it was noted per physical exam that motor strength was grossly normal. Sensation was grossly intact, except decreased in the right L5 distribution. Deep tendon reflexes were normal and symmetrical. MRI of the lumbar spine dated 7/24/15 revealed at L4-L5 disc degeneration with 2-3mm right central disc bulge noted. Mild facet arthropathy was noted bilaterally without significant central stenosis. Mild foraminal narrowing was noted bilaterally right greater than left. The documentation submitted for review does not contain physical exam findings of radiculopathy or clinical evidence of radiculopathy at the requested level. Above-mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented, so medical necessity is not affirmed. As the first criteria is not met, the request is not medically necessary.