

Case Number:	CM15-0186848		
Date Assigned:	10/15/2015	Date of Injury:	03/06/2012
Decision Date:	12/01/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/22/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency Medicine

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 51-year-old male, with a reported date of injury of 03-06-2012. The diagnoses include lumbar discogenic disease, lumbar disc protrusion with radiculopathy, and chronic pain syndrome. Treatments and evaluation to date have included a lumbar epidural steroid injection at L4-5 on 12-02-2014, Hydrocodone, Gabapentin (no benefit), and Tramadol (no benefit). The diagnostic studies to date have included a urine drug screen on 04-15-2015 with negative findings; a urine drug screen on 03-18-2015 with negative findings. The progress report dated 08-17-2015 indicates that the injured worker had a caudal epidural which seemed to be the injection that relieved his pain for four to six months. The pain has returned and the injured worker had ongoing significant low back pain. The pain radiated down the right leg. The injured worker rated his pain 7-8 out of 10, and he stated that the epidural injections decreased the pain down to 2-3 out of 10. The injured worker's pain level on 07-15-2015 was rated 8 out of 10. It was noted that a urine sample showed "appropriate use of medication and compliance". The initial physical examination (07-15-2015) showed lumbar flexion to 90 degrees; lumbar extension to 15 degrees; severe spasm in the latissimus dorsi bilaterally; positive leg lift on the left at 20 degrees and 45 degrees on the right; no evidence of weakness of the abductor hallucis longus or foot flexors; a normal gait; and decreased pain on touch sensation in the right L3-4 nerve root distribution with decrease in sensation. The current physical examination was noted as "unchanged" from 07-15-2015. It was noted that an MRI of the lumbar spine showed evidence of laminectomy at L3-4 and bulging disk at L3-4 and L4-5. The treating physician indicates that the injured worker had "excellent" result with epidural steroid injections. The injured worker's work status had restrictions. The request for authorization was dated 09-15-2015. The treating physician requested two L3-4 and L4-5 epidural steroid injections under fluoroscopy. On 08-19-2015, Utilization Review (UR) non-certified the request for two L3-4 and L4-5 epidural steroid injections under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) L3-L4 and L4-L5 epidural steroid injections under fluoroscopy: 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: Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, 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. 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. 9) Epidural steroid injection is not to be performed on the same day as trigger point injection, sacroiliac joint injection, facet joint injection or medial branch block. In this case, there is documentation of radicular symptoms with corroboration by imaging studies. In addition, the patient received pain relief for at least six months after the previous epidural steroid injection. Criteria for epidural steroid injection have been met. The request is medically necessary.