

Case Number:	CM15-0187245		
Date Assigned:	10/02/2015	Date of Injury:	04/06/2015
Decision Date:	11/13/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/23/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38-year-old male, with a reported date of injury of 04-06-2015. The diagnoses include lumbar herniated disc, lumbar spinal stenosis, and lumbar spondylosis without myelopathy. Treatments and evaluation to date have included Nabumetone, Cyclobenzaprine, and chiropractic treatment. The diagnostic studies to date have included an MRI of the lumbar spine on 06-01-2015 which showed moderate to severe left neuroforaminal narrowing and moderate right neuroforaminal narrowing at L5-S1 due to a 2mm disc bulge with a superimposed 4mm left-sided protrusion in association with facet degenerative disease, moderate canal stenosis at L2-3 to the mid L3 vertebral body level due to a left paracentral extrusion, mild bilateral neuroforaminal narrowing at L2-3 due to facet degenerative disease, and mild canal stenosis and moderate bilateral neuroforaminal narrowing at L4-5 due to a 2mm disc bulge in association with facet degenerative disease. The progress report dated 06-10-2015 indicates that the injured worker complained of back pain without radiation and limited back motion. The injured worker denied any leg weakness, and stated that there was no numbness or tingling in the lower extremities. The injured worker rated his pain 7 out of 10. On 05-20-2015, the injured worker rated his pain 2 out of 10. The physical examination (06-10-2015) showed a normal gait; full weight-bearing on both lower extremities; no weakness of the lower extremities; no scoliosis or kyphosis; spasms of the paravertebral musculature; no spasms of the thoracolumbar spine and paravertebral musculature; tenderness of the paravertebral musculature; no tenderness of the thoracolumbar spine; restricted range of motion of the back; no difficulty with heel and toe walk; intact sensation to light touch and pinprick in all dermatomes of the bilateral lower extremities;

and negative straight leg raise test. The injured worker was advised to continue to work without restrictions. The treating physician noted that the injured worker was a possible epidural steroid injection candidate. There was no documentation of the effectiveness of the first lumbar epidural steroid injection. The work status report dated 08-31-2015 indicates that since the last exam, the injured worker's condition had worsened. The injured worker was instructed to continue to work without restrictions. The treating physician requested a second lumbar epidural steroid injection under fluoroscopy at right L4-5. On 09-02-2015, Utilization Review (UR) non-certified the request for a second lumbar epidural steroid injection under fluoroscopy at right L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second lumbar epidural steroid injection under fluoroscopy at right L4-L5: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic) chapter, under Epidural steroid injections.

Decision rationale: The patient presents with low back pain. The request is for Second lumbar epidural steroid injection under fluoroscopy at right L4-L5. Physical examination to the lumbar spine on 06/10/15 revealed tenderness to palpation to the paravertabral muscles with spasm. Range of motion was noted to be restricted. Patient's treatments have included medication and chiropractic therapy, injections and hot/cold therapy with benefits. Per 05/20/15 progress report, patient's diagnosis includes sprain lumbosacral, and lumbar spondylosis w/o myelopathy. Per 04/15/15 progress report, patient's medications include Nabumetone, and Cyclobenzaprine. Patient's work status is regular duties. MTUS Chronic Pain Medical Treatment Guidelines, under Epidural Steroid Injections (ESIs), pages 46 and 47 has the following "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "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." ODG guidelines, chapter 'Low Back & Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic', state that "At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections." The treater has not

specifically discussed this request; no RFA was provided either. Per utilization review letter dated 09/02/15, the patient received a right and left L4 lumbar epidural injection on 07/17/15. However, the treater has not documented a reduction in pain, the duration of pain relief, and a reduction of medication from the prior injection. MTUS Guidelines require documentation of at least 50% pain relief with associated reduction of medication use for six to eight weeks, which the treater has not provided. This request is not in accordance with guideline recommendations and therefore, is not medically necessary.