

Case Number:	CM15-0188566		
Date Assigned:	09/30/2015	Date of Injury:	01/02/2014
Decision Date:	11/16/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/24/2015

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 42-year-old male, who sustained an industrial injury on 01-02-2014. He has reported subsequent low back and left leg pain and was diagnosed with L5-S1 disc degeneration, left leg radiculopathy and L5-S1 stenosis. Treatment to date has included medication, physical therapy, chiropractic therapy and lifestyle modifications, which were noted to have failed to significantly relieve the pain. Pain in the 04-17-2015, 06-08-2015 and 08-03-2015 progress notes was documented as 5 out of 10 without medications and 4 out of 10 with medications. In a 07-06-2015 progress note, the injured worker reported low back pain radiating down the posterior aspect of the left lower extremity and "complained of heartburn with the use of Tramadol". Objective examination findings revealed an antalgic gait pattern favoring the left lower extremity, positive straight leg raise at 80 degrees on the left and decreased sensation over the left L5 and S1 dermatome distribution. The physician noted that the injured worker had ongoing low back pain with left lower extremity radicular symptoms that had failed to improve with conservative care including medication, lifestyle modifications, physical therapy and chiropractic therapy. The physician noted that there was evidence of stenosis at L5-S1 on MRI imaging and that pain management consultation and left L5-S1 epidural steroid injection would be requested again in an attempt to improve pain and avoid surgical intervention. There was no documentation that indicated that previous epidural steroid injections had been received. A request for authorization of epidural steroid injection, one to the left lumbar, five to the sacral as an outpatient was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection, one to the left lumbar, five to the sacral as an outpatient:
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 note dated 7/6/15, it was noted that the injured worker had decreased sensation over the left L5 and S1 dermatome distributions. Deep tendon reflexes were noted to be 2+ and intact bilaterally. Motor function was described as 5/5 throughout both lower extremities. MRI of the lumbar spine revealed evidence of stenosis at L5-S1. 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 are not met, the request is not medically necessary.