

Case Number:	CM15-0192360		
Date Assigned:	10/06/2015	Date of Injury:	01/14/2004
Decision Date:	12/14/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/30/2015

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, California
 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 63 year old with a date of injury on 01-14-2004. The injured worker is undergoing treatment for left knee pain, left knee internal derangement, new left foot drop and left lower extremity weakness, new left L5 and S1 radiculopathy, left sacroiliac joint pain, sacroiliac joint arthropathy, central disc protrusion at L3-L4, right paracentral disc protrusion at L4-L5, lumbar facet joint arthropathy, lumbar degenerative disc disease, cervical facet joint arthropathy, cervical degenerative disc disease. Comorbid diagnoses include deep vein thrombosis, hypertension, chronic kidney disease, and a recent GI bleed. A physician note dated 02-23-2015 documents the injured worker had a previous lumbar epidural steroid injection and it helped by 50% for 6 months. On 05-07-2015 the injured worker received two level transforaminal epidural steroid injections. Physician notes dated 05-20-2015, 06-10-2015, 07-08-2015 documents he has a 50% improvement from the lumbar transforaminal epidural steroid injections. Physician progress notes dated 08-26-2015 and 09-23-2015 documents the injured worker complains of bilateral low back pain radiating to his buttocks left worse than right, and left knee pain. On examination there was tenderness upon palpation of the lumbar paraspinal muscles and the left sacroiliac joint sulcus. Lumbar ranges of motion were restricted by pain in all directions. He has received 50% relief for 3 months from his last lumbar epidural steroid injection. Treatment to date has included diagnostic studies, medications, and 2 lumbar transforaminal epidural steroid injections at 2 levels. Current medications include Lyrica, Coumadin, Fluoxetine, Tamsulosin, Crestor, Vitamin D, Finofibrate, Senna Plus, Bisacodyl, CVS stool, Fluticasone, Tekturna, Bystolic, Mycardis, Clonidine, MS Contin, and MSIR. Past

medications have included MS Contin, Sancture ER, Dilaudid, Suboxone, Norco, Percocet, Andro Gel, ASA, Bisoprolol, Lisinopril, Amlodipine, Carvedilol and MSIR. A lumbar Magnetic Resonance Imaging dated 01-06-2015 revealed L1-S1 disc bulges with stenosis. The treatment plan includes the request for office visit follow up 2 weeks after Injection #1, repeat left L4-L5 Lumbar Transforaminal Epidural Steroid Injection Fluoroscopically Guided #1, repeat Left L5-S1 Lumbar Transforaminal Epidural Steroid Injection Fluoroscopically Guided #1, and teeth Extraction with Dental Implants #1, and follow up visit in 4 weeks. On 09-24-2015 Utilization Review non-certified the request for Office Visit Follow up 2 Weeks after Injection #1, Repeat Left L4-L5 Lumbar Transforaminal Epidural Steroid Injection Fluoroscopically Guided #1, and Repeat Left L5-S1 Lumbar Transforaminal Epidural Steroid Injection Fluoroscopically Guided #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Left L4-L5 Lumbar Transforaminal Epidural Steroid Injection Fluoroscopically Guided #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the above referenced Ca MTUS guidelines, "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. Criteria for blocks include: 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." The chart documentation does include a 50% reduction in pain following previous injections. However, the chart does not include objective evidence of symptom or functional improvement. There is no decrease in reliance of analgesia

or increased activity documented. Without the support of the documentation and adherence to the guidelines, the request is determined not medically necessary.

**Repeat Left L5-S1 Lumbar Transforaminal Epidural Steroid Injection
Fluoroscopically Guided #1: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the above referenced Ca MTUS guidelines, "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. Criteria for blocks include: 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." The chart documentation does include a 50% reduction in pain following previous injections. However, the chart does not include objective evidence of symptom or functional improvement. There is no decrease in reliance of analgesia or increased activity documented. Without the support of the documentation and adherence to the guidelines, the request is determined not medically necessary.

Office Visit Follow Up 2 Weeks After Injection #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 89.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The submitted request is for a provider follow-up visit following an epidural steroid injection. According to the Ca MTUS guidelines, the injections were determined not medically necessary. Without the planned procedure, the follow-up visit is not indicated. Therefore, this request is determined not medically necessary.