

Case Number:	CM15-0192430		
Date Assigned:	10/06/2015	Date of Injury:	09/08/2008
Decision Date:	11/17/2015	UR Denial Date:	09/08/2015
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: North Carolina
 Certification(s)/Specialty: Family Practice

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 44 year old male, who sustained an industrial injury on September 8, 2008, incurring lower back injuries. He was diagnosed with lumbar disc displacement and lumbar disc disease, lumbar sprain, and a thoracic sprain. Treatment included nerve blocks, physical therapy with moderate relief, acupuncture, chiropractic sessions and psychotherapy. His range of motion was noted to be painful and limited. Other treatment included pain medications, muscle relaxants, sleep aides and topical analgesic patches, all started on the day of his industrial injury. He continued with cramping and stiffness of the lower back and extremities. A lumbar Magnetic Resonance Imaging one on June 9, 2014, revealed degenerative disease with disc protrusion abutting the nerve roots and neuroforaminal narrowing. Currently, the injured worker complained of persistent low back pain radiating, to the lower extremity and foot. The pain was aggravated when standing and walking with any activity with range of motion and improved with heat. He noted leg cramps, fatigue, headaches, stiffness and weakness. The treatment plan that was requested for authorization on September 30, 2015, included a transforaminal epidural steroid injection to the lumbar spine. On September 8, 2015, a request for a transforaminal epidural steroid injection to the lumbar spine was noncertified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection (TESI), Lumbar spine, Right L4-L5 level, as outpatient: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: 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. 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 patient has the documentation of back pain however there is no documentation that previous ESI produced 50% reduction in pain lasting 6-8 weeks with medication usage reduction. Therefore, the request is not medically necessary.