

Case Number:	CM15-0192672		
Date Assigned:	10/06/2015	Date of Injury:	08/19/1999
Decision Date:	11/19/2015	UR Denial Date:	09/15/2015
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: 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 47 year old male who sustained an industrial injury on 8-19-99. The injured worker reported discomfort in the leg and thigh. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar radiculopathy and lumbar post laminectomy syndrome. Medical records dated 8-19-15 indicate pain rated at 9 out of 10. Treatment has included Lyrica since at least April of 2015, magnetic resonance imaging, Vicodin since at least June of 2015, Ibuprofen since at least August of 2015, home exercise program, status post transforaminal injection therapy at L5-S1 (2-2-15) with provider notation of "0% pain relief in low back and 0% relief in legs." Objective findings dated 8-19-15 were notable for improved range of motion, positive straight leg raise at 45 degrees, sensation decreased in posterolateral thigh, left posterior calf with positive muscle twitch, spasms and triggers at bilateral L5. The original utilization review (9-15-15) denied a request for L4-L5 epidural steroid injection under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 epidural steroid injection under fluoroscopic guidance: 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 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. The documentation submitted for review indicates that the injured worker was previously treated with transforaminal epidural steroid injection at left L5-S1 2/2/15 with 0% pain relief in low back and 0% relief in legs. It was noted that he had good relief before with L4-L5, L5-S1 injection, however there was no quantified documentation of pain relief and an absence of decrease in medication use, and no documentation of how long relief lasted. As the criteria for repeat injection is not met, the request is not medically necessary.