

Case Number:	CM15-0193211		
Date Assigned:	10/07/2015	Date of Injury:	06/05/2015
Decision Date:	11/18/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/01/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 62 year old male, who sustained an industrial injury on 6-5-2015. The injured worker is undergoing treatment for: ankle fracture, ankle crush injury, foot crush injury, leg crush injury, and low back pain with radiculopathy affecting the left lower extremity. On 8-26-15, he reported axial back and bilateral leg radicular pain more on the left than the right. He is using a CAM walker, and decreased range of motion is noted. On 9-9-15, he reported left foot fracture and pain, rated 10 out of 10. Examination revealed tenderness to the ankle and surrounding areas. Weight bearing is noted to be limited by pain. On 10-2-15, he reported pain to the low back, and left ankle and foot. He indicated walking worsened the pain. He rated his ankle and foot pain as 5 out of 10. He denied radiating pain. Physical findings revealed normal gait and station. "The patient continues with lower back pain with radiculopathy and has seen another physician, who is recommending epidural steroid injection." The treatment and diagnostic testing to date has included: casting, CAM walker, medications, magnetic resonance imaging of the lumbar spine (7-10-15) reported as revealing spondylosis, disc degeneration, protrusion and bulging. Medications have included: Tylenol with codeine, naproxen, and cyclobenzaprine. Current work status: unclear. The request for authorization is for: lumbar epidural steroid injection at L5-S1. The UR dated 9-15-2015: non-certified the request for lumbar epidural steroid injection at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection, L5-S1 (sacroiliac): 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): Physical Methods, and 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), Epidural steroid.

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain. MTUS further defines the criteria for epidural steroid injections to 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. Radiculopathy does appear to be documented with imaging studies but dermatomal distribution of pain is no documented on history and radiculopathy on exam. As such, the request for Lumbar epidural steroid injection, L5-S1 (sacroiliac) is not medically necessary.