

Case Number:	CM15-0194201		
Date Assigned:	10/08/2015	Date of Injury:	09/07/2010
Decision Date:	11/17/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/02/2015

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:

This 41 year old man sustained an industrial injury on 9-7-2010. Evaluations include lumbar spine and left knee MRIs performed in 2013. Diagnoses include lumbar spondylosis with radiculopathy. Treatment has included oral medications including opioids and muscle relaxers, acupuncture which was not effective, and one week of physical therapy that did not help. Physician notes on a PR-2 dated 8-31-2015 show complaints of low back pain rated 10 out of 10 with radiation to the bilateral lower extremities. The physical examination shows no loss of coordination, positive straight leg raise is noted bilaterally, there is a palpable twitch trigger point to the lumbar paraspinal muscles, antalgic gait, uses a cane for ambulation, pain is noted with anterior flexion, lumbar extension, and bilateral lateral flexion. Strength is normal and sensation is intact with the exception of the L5 dermatome. Recommendations include bilateral lumbar transforaminal epidural steroid injections, change Norco to Percocet, increase Soma, start Gabapentin, pain psychology consultation, pain psychiatrist, urine drug screen, and follow up within 30-45 days. Utilization Review denied a request for bilateral lumbar transforaminal epidural steroid injections on 9-8-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) transforaminal epidural steroid injection at bilateral L4-L5 and L5-S1 levels under fluoroscopy and monitored anesthesia care: 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: 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 provided clinical documentation for review does not show dermatomal radiculopathy on exam that is corroborated by imaging or EMG studies that are included for review in the provided clinical documentation. Therefore the request does not meet all criteria as outlined above and is not medically necessary.