

Case Number:	CM15-0194894		
Date Assigned:	10/08/2015	Date of Injury:	07/25/2014
Decision Date:	11/23/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/05/2015

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 42 year old female who sustained an industrial injury on July 25, 2014. A chart note dated September 01, 2015 reported "He has right sided buttock pain to the posterior thigh." It is characterized as burning and goes down his leg. Objective assessment noted: "incision is well healed." There is a positive straight leg raise on the right with tenderness to palpation in the right buttock with noted paraspinal muscle spasm. The impression noted: L4-5 degenerative disc with mild central and foraminal stenosis, status post right L4-5 laminectomy. The plan of care noted: recommending consultation for possible epidural injection, series of three, and if no improvement then start Neurontin. He is totally temporarily disabled. Orthopedic follow up dated July 07, 2015 reported the worker being four months status post right L4-L5 laminectomy. He has completed 12 sessions of aquatic therapy and states "that overall he feels likes he is plateaued." His right buttock pain has started to increase again; starting to go down the posterior aspect of his thigh similar to previous. The plan of care noted initiating a Medrol dosepak with recommendation for Naprosyn; undergo a MRI both with and without Gadolinium to see if any recurrent stenosis or disc herniation causing right leg radiculopathy. On September 15, 2015 a request was made for a lumbar epidural steroid injection to L4-5 times three that was noncertified by Utilization Review on September 16, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at L4-L5 under Fluoroscopy, Series of 3: 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 medical records submitted for review do not contain evidence of radiculopathy per clinical exam. Furthermore, per the citation above, the guidelines do not support a "series-of-three" injections. As such, medical necessity cannot be affirmed.