

Case Number:	CM15-0195176		
Date Assigned:	10/08/2015	Date of Injury:	04/08/2015
Decision Date:	11/24/2015	UR Denial Date:	09/21/2015
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:

This injured worker is a 58 year old female who reported an industrial injury on 4-8-2015. The history noted a pre-existing, previously quiescent but extensive lumbar degenerative spine. Her diagnoses, and or impressions, were noted to include: left lumbar radiculopathy; and lumbosacral spondylosis without myelopathy. X-rays and magnetic imaging studies of the lumbar spine were done on 4-15-2015, suggesting moderate canal stenosis and disc bulging without impingement. Her treatments were noted to include: an Emergency Room visit on 4-15-2015 for back pain, weakness and numbness in legs; 10 physical therapy sessions; a home exercise program; ice therapy; medication management; and modified work duties which were not made available. The progress notes of 8-28-2015 reported: an 8th visit since 4-17-2015; that the spine evaluation of 8-17-2015 appreciated [REDACTED] recommendation for trial of epidural for her lumbar stenosis; that her left leg still felt numb with was with less pain; no bowel or bladder changes; that she felt she had not made any over-all progress or gain since the last few visits; and that she could not return to work with the pain she was still in. The objective findings were noted to include: no distress; slow, otherwise normal gait with use of cane; tenderness at lumbar 4-5 with limited lumbar range-of-motion and pain with motion; and a concurrence with the 8-17-2015 spine recommendation for a trial of an epidural, due to the lack of progress over the previous 5 months and nearly being at maximum medical improvement, to see if she could get any relief. The physician's requests for treatment were noted to include a trial of an epidural, lumbar epidural steroid injection, to see if she can get any relief. The Request for Authorization, dated 8-31-2015, was noted to include an epidural steroid injection, bilateral lumbar 5 sacral 1 epidural

injection. The Utilization Review of 9-21-2015 non-certified the request for Cervical-Thoracic-Lumbar 5 - sacral 1 epidural steroid injections and epidurogram, under fluoroscopic guidance and intravenous sedation.

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 bilateral L5-S1 under lumbar epidurogram, fluoroscopic guidance and IV sedation: 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: 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. Per progress report dated 8/4/15, it was noted motor and sensory grossly normal bilaterally, strength 5/5. MRI of the lumbar spine revealed central moderate stenosis L4-L5 as well as a small L5-S1 disc protrusion paracentral to the left. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented, so medical necessity is not affirmed. As the first criteria is not met, the request is not medically necessary.