

Case Number:	CM15-0197570		
Date Assigned:	10/13/2015	Date of Injury:	10/16/1992
Decision Date:	11/24/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/07/2015

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 63 year old female, who sustained an industrial-work injury on 10-16-92. She reported initial complaints of back pain. The injured worker was diagnosed as having lumbosacral disc degeneration, lumbago, malfunction of neuro device, mononeuritis of leg, post-laminectomy syndrome, and disc degeneration. Treatment to date has included medication, lumbar block (remission of pain for 5 months), diagnostics, and modified clamshell brace. Currently, the injured worker complains of lumbar pain rated 6-8 out of 10 that interferes with functioning. She continues to have swelling, sweating, hyperalgesia, allodynia of the legs, headaches, and disrupted sleep. Medications include Morphine sulfate, Hydrocodone 10-325, Klonopin 0.5 mg, Maxalt, and Tizanidine. Per the primary physician's progress report (PR-2) on 9-3-15, exam noted normal motor strength, triggers to entire back from ilium to neck including upper gluteal muscles, reduced range of motion, Adson's maneuver positive on left, pain to palpation at the left SI joint and muscle spasm of the left piriformis muscle. Current plan of care includes a repeat epidural for pain management. The Request for Authorization requested service to include Outpatient Epidural Bilaterally L3-4-5 Injection. The Utilization Review on 9-16-15 denied the request for Outpatient Epidural Bilaterally L3-4-5 Injection, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Epidural Bilaterally L3-4-5 Injection: 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 series-of-three injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections. Per progress report dated 9/3/15, physical exam noted normal motor strength. Sensory exam and reflexes were not documented. Imaging study was not available for review. 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 are not met, the request is not medically necessary.