

Case Number:	CM15-0199069		
Date Assigned:	10/14/2015	Date of Injury:	05/27/2015
Decision Date:	11/24/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/09/2015

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: Florida

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:

The injured worker is a 32 year old male who sustained an industrial injury on 05-27-2015. He was seen on the morning after the injury and had X-rays and was given pain medication. A MRI was done "showing a low back bulge." Physical therapy for the back was ordered, which was helpful, and he was returned to modified work. A later report of MRI 07-22-2015 states, "L4-5 has a 5mm broad-based disc protrusion with bilateral foraminal stenosis. L5-S1 has a 4 mm broad based disc protrusion-osteophyte with moderate right and severe left neural foraminal stenosis." In the provider notes 09-16-2015, the injured worker complains of constant pain in the low back that radiates to the left leg and to the toes with numbness. He rates his pain at a 2 that increases to 5 with activity. The pain impairs his ability to get dressed and do activities of daily living. The pain wakes him up at night. There are no changes in bowel or bladder habits. Lumbar range of motion is diminished by 25% in flexion, extension, right lateral and left lateral bending. There is no effect on rotation. He has tenderness on palpation of the spinous process at L2 through S1 and in palpation of the bilateral paraspinals and sacroiliac joint. Sensory L1 through S1 is normal bilaterally. Neurologic exam of the lumbar is unaffected, and neurological exam of the knee is 1+ on the right with trace on the left, and of the ankle is 2+ right and 2+ left. The plan is for obtaining MRI image, and a lumbar epidural steroid injection at L4-5 or L5-S1. There is no documentation of prior epidurals. A request for authorization was submitted for Lumbar spine epidural steroid injection under fluoroscopy. A utilization review decision 09-29-2015 denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine epidural steroid injection under fluoroscopy: 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: 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. Regarding this patient's case, utilization review did not certify the request stating that the "request does not specify exactly what level is to be injected." The documentation provided here states that the injection is to be performed at L4-L5 "or" L5-S1. There needs to be clarification of exactly which level the injection will be performed at. Additionally, the listed neurological exam was normal. MTUS guidelines require that radiculopathy must be documented on physical exam, and then corroborated by imaging studies. Likewise, this request is not medically necessary without additional documentation being provided.