

Case Number:	CM15-0200559		
Date Assigned:	10/15/2015	Date of Injury:	12/05/1996
Decision Date:	11/24/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/13/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 60 year old male who sustained an industrial injury on 12-5-96. A review of the medical records indicates he is undergoing treatment for lumbosacral radiculopathy, lumbosacral facet arthropathy, and lumbar spinal stenosis. Medical records (9-14-15) indicate that the injured worker reports the "return of pain that is radiating down his right leg, more than left". The records indicate that "the same pain" was "successfully" treated in the past with lumbar epidural steroid injections and that the injured worker is requesting it to be repeated because it worked better than any other treatment. The 5-7-15 record indicates that the injured worker "finds the injections to reduce his pain more than 80% for 6-8 weeks" and "he wishes to avoid surgery". The record indicates that the injections improve standing and walking tolerance, sleep, and decreases the need for oral medications. The physical exam (9-14-15) reveals stiffness and guarding his back. An antalgic gait, favoring the right side, is noted. The treating provider states "this is a familiar exam finding for a radiculopathy flare-up for him." "Multiple tender points" were noted on palpation of the lumbar spine. Range of motions is noted to be decreased. Lasegue's test is positive for pain down the right leg. Facet compression-distraction test is positive for pain in the low back. Previous treatment has included rest, activity modification, physical therapy, oral medications, and lumbar epidural steroid injections on 4-8-15 and 6-10-15. The treatment plan is for a lumbar epidural steroid injection under fluoroscopy. The utilization review (10-5-15) indicates request and denial of bilateral L5-S1 lumbar epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 Lumbar Epidural Steroid 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: This is a request for bilateral L5-S1 lumbar epidural steroid injections. This claimant was injured in 1996 and has lumbosacral radiculopathy, lumbosacral facet arthropathy, and lumbar spinal stenosis. As of September, the pain was returning. Injections in the past reportedly reduce his pain more than 80% for 6-8 weeks. Objective improvement functionally however is not noted. The source of radiculopathy e.g. disc herniation on MRI, requisite for ESI, under American Medical Association and MTUS radiculopathy definition criteria, is not apparent from the records. The numbers of past epidurals, injections, or success outcomes likewise is not known. The California MTUS guides under Chronic Pain, Epidural Steroid Injections notes: 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 case does not meet the requisite criteria for radiculopathy for an epidural steroid injection. Radiculopathy must be documented. Objective findings on examination need to be present. For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383. (Andersson, 2000) Per the AMA guidelines, 5th Edition: Radiculopathy (page 382-383) is defined as significant alteration in the function of a nerve root or nerve roots and is usually caused by pressure on one or several nerve roots. The diagnosis requires a dermatomal distribution of pain, numbness, and/or paresthesias in a dermatomal distribution. A root tension sign is usually positive. The diagnosis of herniated disk must be substantiated by an appropriate finding on an imaging study. The presence of findings on an imaging study in and of itself does not make the diagnosis of radiculopathy. There must also be clinical evidence as described above. The numbers and outcomes of past injections are also not known. The records and the evidence-based citations do not support certification of the request. The request is not medically necessary and was appropriately non-certified.