

Case Number:	CM15-0202902		
Date Assigned:	10/19/2015	Date of Injury:	02/11/2014
Decision Date:	12/02/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/15/2015

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: Iowa, Illinois, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 51 year old male who sustained an industrial injury on 2-11-14. A review of the medical records indicates that the worker is undergoing treatment for myelopathy, herniated nucleus pulposus of the cervical spine, cervical stenosis, herniated nucleus pulposus of the thoracic spine, thoracic stenosis, herniated nucleus pulposus of the lumbar spine, and degenerative disc disease lumbar spine. Subjective complaints (6-25-15) include neck pain (rated at 5 out of 10), constant aching mid back pain (rated 5 out of 10), constant stabbing low back pain with intermittent numbness to the right lower extremity, and reports he can sit 20-30 minutes, stand 15-20 minutes and walk 15-20 minutes. Objective findings (6-25-15) include a normal gait, tenderness to palpation of the right cervical, thoracic, lumbar paraspinal muscles with spasms and decreased range of motion, positive Hoffman's bilaterally, positive straight leg raise-right at 60 degrees with pain to toes, positive Lasegue maneuver and slump test-right, decreased sensation over the right C5, C6, C7, C8 and right L3, L4, L5 and S1 dermatomes. X-rays of the thoracic spine done 5-11-15 are reported to show "multilevel anterior osteophytes." An MRI of the thoracic spine done 9-11-14 is reported to show "the T-T3 disc space demonstrates a mild broad based protrusion contacting the cord without effacement, very mild stenosis, the T3-T4 disc space demonstrates a mild broad based protrusion contacting the cord with subtle anterior effacement and very mild canal stenosis, negative for mass or abnormal enhancement, negative for bony edema, negative for compression fracture." An MRI of the lumbar spine done 5-12-14 is reported to reveal "multiple degenerated discs as described with

minor bulges at L2-L3 through L5-S1 but no high grade stenosis at any level, some foraminal narrowing bilaterally at L5-S1, no vertebral fracture." Work status was noted as currently not working. Previous treatment includes at least 6 chiropractic visits- reported made pain worse, at least 31 sessions of physical therapy-reported no relief, at least 8 sessions of acupuncture-reported no relief, Tramadol, Naproxen, Advil, Tylenol, and Prilosec. The requested treatment of right L5 and S1 root transforaminal epidural steroid injection was approved and T2-T3 and T3-T4 interlaminar epidural steroid injection quantity 2, was denied on 9-24-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right T2-3 and T3-4 interlaminar ESI per 08/18/2015 order qty: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic.

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)...Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." ACOEM states, "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." MTUS further defines the criteria for epidural steroid injections to include: 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 documentation provided indicates this patient was approved for an L5 root and S1 root ESI. Guidelines recommend no more than two nerve root levels be injected using transforaminal blocks. As such, the request for Right T2-3 and T3-4 interlaminar ESI per 08/18/2015 order qty: 2 is not medically necessary.