

Case Number:	CM15-0204569		
Date Assigned:	10/21/2015	Date of Injury:	05/04/2014
Decision Date:	12/03/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/19/2015

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: New Jersey

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:

This is a 44 year old male with a date of injury of May 4, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for spinal stenosis and radiculopathy. Medical records dated August 21, 2015 indicate that the injured worker complained of discomfort and pain across the back area and limitations with daily activities. A progress note dated September 24, 2015 documented complaints of "A significant amount of pain" with radiation down the leg with numbness and tingling. Per the treating physician (September 24, 2015), the employee was temporarily totally disabled. The physical exam dated August 21, 2015 reveals decreased range of motion of the lumbar spine and sciatic notch tenderness. The progress note dated September 24, 2015 documented a physical examination that showed similar findings to those reported on August 21, 2015 along with positive straight leg bilaterally and decreased sensation to light touch in the L5 dermatome. Treatment has included lumbar laminotomy and foraminotomy with micro decompression and microdiscectomy (April 3, 2015) and magnetic resonance imaging of the lumbar spine (September 3, 2015) that showed diffuse degenerative disc changes and spondylosis throughout the lower thoracic and lumbar spine most prominent between L2 and S1, multilevel mild central spinal canal narrowing associated with multilevel broad-based disc bulges and posterior ligamentous thickening, maximal central canal narrowing at L4-5, moderate bilateral neuroforaminal narrowing at L4-5, and small annular tears in the posterior intervertebral discs at L3-4 and L5-S1. The utilization review (October 8, 2015) non-certified a request for lumbar epidural steroid injection at L4-5.

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 L4-5: 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: The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy 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, and 8. Current research does not support a "series-of- three" injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, prior to his microdiscectomy, he received a lumbar epidural of the L4-5 level, but with only minimal short-lived results. Post-surgery and physical therapy as well as modified duty, he remained symptomatic and even reported worsening. The provider recommended another epidural injection of the L4-5 level. However, there is insufficient evidence found in the note to suggest this second epidural injection of the same area would be effective with the previous one not being effective. Therefore, this request is not medically necessary at this time.