

Case Number:	CM15-0204579		
Date Assigned:	10/21/2015	Date of Injury:	01/22/2003
Decision Date:	12/03/2015	UR Denial Date:	10/06/2015
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:

The injured worker is a 58 year old female, who sustained an industrial injury on 1-22-03. The injured worker was diagnosed as having lumbar radiculopathy and lumbar disc herniation at L5-S1 with degenerative retrolisthesis at L5-S1. Subjective findings (5-7-15, 6-18-15, 7-9-15 and 8-27-15) indicated some flare-ups of pain in both the cervical and lumbar spine with increased activity and increased pain with lumbar extension. Objective findings (5-7-15, 6-18-15, 7-9-15 and 8-27-15) revealed patchy-decreased sensation in both lower extremities, most notably in the L5 distribution. As of the PR2 dated 9-17-15, the injured worker reports increased pain with lumbar extension. Objective findings include tenderness to palpation over the upper, mid and lower paravertebral muscles and a positive straight leg raise test. Range of motion reveals flexion to 25 degrees, 20 degrees lateral bending bilaterally, 20 degrees rotation bilaterally and 15 degrees of extension. The neurological examination showed patchy-decreased sensation in both lower extremities, most notably in the L5 distribution. There is no documentation of current medications. Treatment to date has included a lumbar epidural steroid injection x 2 (dates of service, location and response to treatment not provided). The Utilization Review dated 10-6-15, non-certified the request for a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

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: 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 "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, there was report of having two previous lumbar epidural injections. However, there was no more mentioned about these injections, including location, date, or effects afterwards. There was also missing from this request the location of the injection. Although there was some physical findings suggestive of radiculopathy (decreased sensation), based on the lack of history of effectiveness of previous injections, this request will be considered medically unnecessary at this time.