

Case Number:	CM15-0207398		
Date Assigned:	10/26/2015	Date of Injury:	06/25/2010
Decision Date:	12/14/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/21/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 41 year old male who sustained an industrial injury on 8-25-10. A review of the medical records indicates he is undergoing treatment for cervical spine myospasms with bilateral radiculopathy - right greater than left and lumbar spine disc protrusion with bilateral radiculopathy. Medical records (5-22-15, 6-19-15, 8-7-15, and 9-11-15) indicate ongoing complaints of low back pain radiating into bilateral lower extremities with associated numbness and tingling. His pain rating was "7 out of 10" on 6-19-15. A "greater than 40%" pain reduction was noted following a lumbar epidural steroid injection, completed on 7-23-15. He has also complained of bilateral upper back, mid back, hip, leg, knee, foot, ankle, shoulder, forearm, chest, abdominal, rib, buttock, upper arm, elbow, wrist and hand pain (6-19-15). The physical exam (8-7-15) reveals tenderness to palpation of the paraspinal muscles. Positive straight leg raise is noted bilaterally. The treating provider indicates "-10 degrees" range of motion in all planes with pain. Diagnostic studies have included x-rays of the lumbar spine, an MRI of the lumbar spine, and an EMG-NCV study of bilateral lower extremities. Treatment has included physical therapy, chiropractic treatment, acupuncture, pain medications, stretching exercises, and a lumbar epidural steroid injection. The treatment recommendation includes a second lumbar epidural steroid injection. The utilization review (9-23-15) includes a request for authorization of a second lumbar epidural steroid injection at L4-L5. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second 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: Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 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 documentation submitted for review does not contain physical exam findings of radiculopathy or clinical evidence of radiculopathy. Imaging studies were not available for review. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented. Furthermore, per the medical records, the injured worker previously underwent epidural steroid injection 7/23/15 with 40% pain reduction. As the criteria for repeat injection calls for at least 50% pain relief with associated reduction in medication use for at least six weeks. As the criteria is not met, the request is not medically necessary.