

Case Number:	CM15-0209012		
Date Assigned:	10/28/2015	Date of Injury:	05/09/2014
Decision Date:	12/08/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/23/2015

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: North Carolina
 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 42 year old male, who sustained an industrial-work injury on 5-9-14. He reported initial complaints of lumbar pain. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy. Treatment to date has included medication, work hardening program, diagnostics, surgery (left L4-5 microdiscectomy on 10-27-14), and pool and land therapy. MRI results were reported on 6-28-15 that demonstrated straightening of the lumbar spine, degenerative disc facet joint disease at L4-5 level, disc bulging mild hypertrophic changes of the facet joints at L4-5, disc bulging at L3-4. Currently, the injured worker complains of flare up of lumbar pain. He is working 6 hours a day with modified duty. Medication included Ibuprofen, Flexeril, and Norco. Per the primary physician's progress report (PR-2) on 9-17-15 an epidural was requested. On 8-14-15 exam noted healed lumbar incisions, no gait disturbance, ability for heel toe walk, 1+ reflexes of knees and right ankle and trace to left ankle, intact sensation, positive straight leg raise on the left at 45 degrees. Current plan of care includes epidural steroid injection. The Request for Authorization requested service to include LESI (lumbar epidural steroid injection) at L4-5. The Utilization Review on 10-1-15 denied the request for LESI (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:

LESI (lumbar epidural steroid injection) at L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: 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 patient has the documentation of back pain however previous ESI has not produced documented 50% reduction in pain lasting 6-8 weeks with decrease in medication usage. Therefore the request is not medically necessary.