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| Case Number: | CM15-0209579 | | |
| Date Assigned: | 10/28/2015 | Date of Injury: | 05/19/1984 |
| Decision Date: | 12/09/2015 | UR Denial Date: | 10/13/2015 |
| Priority: | Standard | Application Received: | 10/24/2015 |

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: Arizona, California
 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 76 year old male who sustained an industrial injury on 05/19/1984. Medical records indicated the worker was treated for spinal stenosis of the lumbar region, neurogenic claudication, and radiculopathy lumbosacral region. In the provider notes of 10-02-2015, the injured worker complains of low back pain that is gradually returning to baseline. His pain intensity is a 3 on a scale of 0-10 and is aggravated by sitting, of walking about 50 yards or more. Lying down or reclining alleviates his pain. Over the past 18 months, he has had 3 lumbar epidural injections. Nothing has been reported to be as beneficial as the injections. The pain relief from the lumbar epidural steroid injections is reported to improve his ability to tolerate activities of daily living such as walking, dressing, and bathing. The injections help his standing and walking tolerance as well as relieve pain. On exam, his gait is antalgic with reported increasing pain in the legs. His balance is poor. There is a marked decreased range of motion in the lumbar spine. Standing tolerance is less than 4 minutes with report of concordant pain increasing down the legs progressively. Facet compression-distraction is positive in the low back bilaterally. He has decreased sensation in L5 and S1 dermatomes. There are arthritic changes throughout and he has decreased sensation in the tips of the toes. Past treatment has included open surgery. A request for authorization was submitted 10-05-2015 for L5-S1 lumbar epidural steroid injection. A utilization review decision 10-13-2015 non-approved the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 lumbar epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the guidelines, the 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. According to the guidelines, ESI s are indicated for those with radiculopathy on exam and imaging or neurodiagnostics. In this case, the claimant did have radicular symptoms in the L5 dermatome. The prior MRI does not indicated nerve root encroachment. The claimant received 18 months of benefit from the last ESI. However, the current pain score is 4/10 with medication and there is no mention of fluoroscopy. The ACOEM guidelines do not recommend ESI due to their short-term benefit. The request for another is not a medical necessity.