

Case Number:	CM15-0021846		
Date Assigned:	02/11/2015	Date of Injury:	11/24/1999
Decision Date:	04/02/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/05/2015

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 50-year-old female; with a reported date of injury of 11/24/1999. The diagnoses include status post spinal cord stimulator implantation, status post right micro decompression of L5-S1, and chronic lumbar pain. Treatments have included a spinal cord stimulator, oral medications, an MRI of the lumbar spine, and a computerized tomography (CT) scan of the lumbar spine on 03/21/2014. The report from which the request originates was not included in the medical records provided for review. The pain management follow-up report dated 12/08/2014 indicates that the injured worker had low back pain with radiation to the lower extremity. The injured worker indicated that the spinal cord stimulator had not been as beneficial and there was only mild improvement. Significant lower extremity symptoms remained including pins and needles sensation, numbness, tingling, weakness, and sometimes pain. There were no objective findings included in the report. The treating physician requested a lumbar epidural injection at L5-S1. The rationale for the request was not indicated. On 01/15/2015, Utilization Review (UR) denied the request for a lumbar epidural injection at L5-S1, noting that the injured worker did not have objective radiculopathy at multiple follow-up examinations; and epidural steroid injections are not supported in the absence of any objective radiculopathy that is reflex, sensory, or motor deficits. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Injections at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

Decision rationale: According to the MTUS guidelines: 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. In this case, the claimant did not have recent radiculopathic findings on the exam that reproduced radicular symptoms. There was no mention of performing the procedure under fluoroscopy. The request for the epidural is not justified or requested within the guidelines and is not medically necessary.