

Case Number:	CM15-0022007		
Date Assigned:	02/11/2015	Date of Injury:	01/13/2012
Decision Date:	03/26/2015	UR Denial Date:	01/28/2015
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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 39-year-old male who sustained an industrial related injury on 1/13/12. The injured worker had complaints of low back and left leg pain. Diagnoses included lumbar disc displacement without myelopathy, sprain of neck, sprain/strain of thoracic region, and shoulder joint pain. Treatment included epidural steroid injections and a left shoulder injection. The injured worker also underwent left hip surgery and left shoulder surgery. Medications included Flexeril, Nabumetone-Relafen, Gabapentin, and Hydrocodone. The treating physician requested authorization for lumbar epidural steroid injections, each additional level x2 with lumbar epidurogram, fluoroscopic guidance, and IV sedation. On 1/28/15, the requests were non-certified. The utilization review physician cited the MTUS guidelines and noted the request did not note which levels were to be injected. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection, each additional level, twice, with Lumbar Epidurogram, fluoroscopic Guidance, IV Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), Epidural steroid injections (ESIs), therapeutic; and MD Guidelines, Facet Joint Injections/Therapeutic Facet Joint Injections

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain. MTUS further defines the criteria for epidural steroid injections to include: 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. 8) Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than two ESI injections. The medical documentation does not detail the response to the previous set of ESI's and what the goals are for the new treatment and what changes the employee had to pain mitigation and functional improvement and other medication dosages. Therefore, the request for Lumbar Epidural Steroid Injection, each additional level, twice, with Lumbar Epidurogram, fluoroscopic Guidance, IV Sedation is not medically necessary.