

Case Number:	CM15-0024484		
Date Assigned:	02/17/2015	Date of Injury:	12/23/2010
Decision Date:	04/02/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/09/2015

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 57 year old female who sustained an industrial injury on 12/23/10. The injured worker reported symptoms in the back, hip and neck. The diagnoses included left hip greater trochanteric bursitis, lumbar transitional segment, L5-S1 epidural lipomatosis causing moderate stenosis, evaluate cervical disc, rule out cervical stenosis. Treatments to date include epidural steroid injection, oral pain medications, and oral muscle relaxant. In a progress note dated 10/6/14 the treating provider reports the injured worker was with "pain to palpation over the L2-3 and L3-4 area as well as L5-S1 area. Palpable paraspinal muscle spasms...limited range of motion due to pain." The physician had noted that there was no electrodiagnostic findings of radiculopathy. Prior MRI in 2010 indicated L2-L4 disc degeneration. MRI from 6/13/14 indicated L5-S1 moderate stenosis due to lipomatosis. On 1/30/15 Utilization Review non-certified the request for Lumbar epidural steroid injection at left L4, L5 and S1, date of service 1/12/15. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at left L4, L5 and S1, DOS 1/12/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46.

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

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. In this case, there was no radiculopathy found on MRI or electrodiagnostics. Straight leg raise testing was negative. The request for an ESI does not meet the criteria above and is not medically necessary.