

Case Number:	CM15-0210498		
Date Assigned:	10/29/2015	Date of Injury:	01/23/2004
Decision Date:	12/16/2015	UR Denial Date:	09/26/2015
Priority:	Standard	Application Received:	10/26/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 63 year old female, who sustained an industrial-work injury on 1-23-04. She reported initial complaints of low back pain. The injured worker was diagnosed as having lumbar spinal stenosis, sciatica, and long-term use of medication. Treatment to date has included medication, physical therapy, 2 epidural steroid injections (temporary relief). MRI results were reported on 1-15-14 that demonstrated moderate spinal canal stenosis at L3-4 and L4-5 and facet hypertrophy and foraminal narrowing at L5-S1. Currently, the injured worker complains of continued lower back pain rated 8-9 out of 10 with radiation into the lower extremities. Relief was obtained with rest, medication, and epidural injection (minimal relief as of 6-1-15 report). Meds included Doxepin 3.3% cream and Ketamine 5% cream. Oral medications are not tolerated well. Per the primary physician's progress report (PR-2) on 7-28-15, exam noted an antalgic gait, neurological and strength was within normal limits, no spasm, guarding, and negative straight leg raise. Current plan of care includes continue with initial evaluation of physical therapy and injection. The Request for Authorization requested service to include 1 Lumbar epidural steroid injection L4-L5, Epidurogram, with fluoroscopic guidance and IV sedation. The Utilization Review on 9-26-15 denied the request for 1 Lumbar epidural steroid injection L4-L5, Epidurogram, with fluoroscopic guidance and IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar epidural steroid injection L4-L5, Epidurogram, with fluoroscopic guidance and IV sedation: Overturned

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

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

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 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. Per progress report dated 10/23/15, it was noted that sensation was decreased in the left and right L4 dermatome. Deep tendon reflexes were 1+ bilaterally to patella and Achilles. MRI of the lumbar spine dated 1/15/14 revealed at L3-L4 and L4-L5 4mm disc osteophyte complexes with moderate central canal narrowing. There is moderate bilateral neural foraminal narrowing at L4-L5 and mild at L3-L4. At L5-S1, 2mm disc osteophyte complex and facet hypertrophy with moderate right neural foraminal narrowing. Per progress report dated 9/22/15, it was noted that the injured worker complained of anxiety and depression but denied hallucinations and suicidal thoughts. It was noted that the injured worker's previous injection in 5/2015 provided 50% decrease in her lower back pain and lower extremity symptoms for almost 6 months. I respectfully disagree with the UR physician's assertion that the medical records did not contain evidence of radiculopathy. The request is medically necessary.