

Case Number:	CM15-0211118		
Date Assigned:	10/30/2015	Date of Injury:	07/16/2013
Decision Date:	12/10/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/27/2015

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: North Carolina

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 61 year old male who sustained an industrial injury on 7-16-13. A review of the medical records indicates he is undergoing treatment for bilateral wrist contusion, cervical sprain and strain, status post fall, lumbar strain, thoracic sprain and strain, and radiculopathy of the left lower extremity. Medical records (4-30-15, 5-12-15, 6-5-15, 7-9-15, 7-31-15, and 9-25-15) indicate ongoing complaints of low back pain that radiates to his bilateral lower extremities. He also reports that pain radiates to his buttocks and hamstrings bilaterally (4-30-15). He has rated his pain "6 out of 10". He has also complained of neck and bilateral wrist pain. The physical exam (9-25-15) reveals "poor" range of motion in all planes. He is noted to walk with a cane. The straight leg raise test is positive bilaterally, "left much greater than right". Diminished reflexes are noted. Diagnostic studies have included x-rays of the lumbar spine, an MRI of the lumbar spine, and an EMG-NCV study of bilateral lower extremities. Treatment has included medications, an assistive device for walking, physical therapy, aquatic therapy, and chiropractic treatments. A lumbar epidural steroid injection was recommended on 4-30-15. However, the records do not indicate if the procedure was completed. The injured worker is not working. The treatment recommendations include a lumbar epidural steroid injection x 2. The record indicates that "these should be transforaminal and translaminar at L3-4, L4-5, and L5-S1". The utilization review (10-2-15) includes a request for authorization of lumbar epidural steroid injections x 2 - these should be transforaminal and translaminar at L3-4, L4-5, and L5-S1. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (LESI) times 2: Upheld

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: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: 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 series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The patient has the documentation of back pain however there is no included imaging or nerve conduction studies in the clinical documentation provided for review that collaborates dermatomal radiculopathy found on exam for the requested level of ESI as level is not specified. Therefore criteria have not been met and the request is not medically necessary.