

Case Number:	CM15-0212967		
Date Assigned:	11/02/2015	Date of Injury:	08/04/2014
Decision Date:	12/11/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/28/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 08-04-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbar degenerative disc and facet disease. Medical records (07-02-2015 to 09-24-2015) indicate ongoing low back pain with left leg pain, numbness and weakness. Pain levels were rated 0 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity level or functional improvement. Per the treating physician's progress report (PR), the IW has returned to work with restrictions. The physical exam, dated 09-24-2015, revealed inability to walk on left toes or heel without gross weakness, left calf atrophy, restricted range of motion in the lumbar spine, slightly decreased strength in the left lower extremity muscle groups, and decreased reflexes and sensation in the left lower extremity. Relevant treatments have included: physical therapy (PT), chiropractic treatments, acupuncture, work restrictions, and pain medications. A MRI of the lumbar spine was available for review and showed multilevel degenerative disc and facet disease, a 5mm anterolisthesis and retrolisthesis at the level of L4-L5, a 6mm broad-based osteophyte complex and facet ligamentum flavum hypertrophy resulting in canal stenosis and severe bilateral neural foraminal narrowing. The request for authorization (09-29-2015) shows that the following treatment was requested: L4-L5 transforaminal ESI (epidural steroid injection). The original utilization review (10-05-2015) non-certified the request for L4-L5 transforaminal ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Transforaminal ESI: 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: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, Epidural injections, page 46, Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. 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. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. In addition there must be demonstration of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). CA MTUS criteria for epidural steroid injections are: 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 the therapeutic phase. We recommend no more than 2 ESI injections. In this case the exam notes from 07-02-2015 to 09-24-2015 do not demonstrate a failure of conservative management nor a clear evidence of a dermatomal distribution of radiculopathy. VAS was rated 0 of 10. The guidelines state that pain must be "unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)" prior to considering ESI. A VAS of 0/10 implies a

successful treatment with non-operative treatment. Therefore the determination is not medically necessary.