

Case Number:	CM15-0214916		
Date Assigned:	11/04/2015	Date of Injury:	01/05/2015
Decision Date:	12/23/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/02/2015

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

Certification(s)/Specialty: Emergency 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 60 year old male, who sustained an industrial injury on 1-5-2015. The injured worker is undergoing treatment for: lumbar disc disease, low back pain and left leg pain. On 9-3-15, he reported low back and left leg pain rated 7 out of 10. On 10-1-15, he reported low back and left leg pain. He rated his pain 6 out of 10. He described the pain as constant, burning, tingling and numbness down the left leg, and worsened with walking and sitting. He is noted to have had good benefit which did not last from an epidural steroid in injection completed on 9-11-15. Objective findings revealed a blood pressure of 138 over 95, no splinting of the lumbosacral, thoracolumbar posture, good heel to toe walking, tenderness or spasm at L1 of the lumbosacral spine, unrestricted lumbar range of motion, and no evidence of pain with range of motion or radiating pain in the lower extremities, positive straight leg raise testing. The treatment and diagnostic testing to date has included: left L5-S1 transforaminal epidural steroid injection (9-11-15), multiple physical therapy sessions, and home exercise program. Medications have included: Gabapentin, nortriptyline, and ibuprofen. Current work status: off work. The request for authorization is for: transforaminal epidural steroid injection, left L5-S1. The UR dated 10-22-2015: non-certified the request for transforaminal epidural steroid injection, left L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection, left L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and 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 request is for epidural steroid injections, which is an injection of a corticosteroid into the epidural space, typically used in the lumbar spine to treat chronic low back pain. It is recommended as an option for treatment of radicular pain. 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. 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. There is little information on improved function. 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, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Criteria for the use of epidural steroid injections 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. The MTUS guidelines recommend no more than 2 ESI injections. In regards to the injured worker, the requirements of the MTUS guidelines have not been met to suggest a medical benefit to repeat steroid injection. There is no documentation of at least a 50% pain relief associated with a reduction of medication use for 6 to 8 weeks. The medical benefit of repeat injection is unclear. Therefore, the request as submitted is not medically necessary.