

Case Number:	CM15-0215545		
Date Assigned:	11/05/2015	Date of Injury:	02/26/2007
Decision Date:	12/23/2015	UR Denial Date:	10/26/2015
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: Colorado

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 63 year old male, who sustained an industrial injury on 2-26-2007. The injured worker is being treated for low back pain, lumbar degenerative disc disease, and post lumbar laminectomy syndrome. Treatment to date has included surgical intervention (lumbar laminectomy and discectomy, 7-2014), diagnostics, physical therapy, TENS unit, psychotherapy, exercise, medications, and one epidural steroid injection (undated) with "significant pain relief for 3-4 months." Magnetic resonance imaging (MRI) of the lumbar spine dated 7-29-2015 revealed L1-2 disc bulge with right paracentral annular fissure, L3-4 laminectomy and discectomy changes, and L4-5 marked disc degeneration with posterolateral osteophytes moderately narrowing both neural foramina. Per the Primary Treating Physician's Progress Report dated 10-14-2015, the injured worker reported back pain radiating from low back down right leg and lower backache. Pain level has increased since last visit. He rates the severity of his pain as 6 out of 10 and 8 out of 10 without medications. Objective findings of the lumbar spine included restricted range of motion and tenderness to palpation of the paravertebral muscles with a tight muscle band. Light touch sensation was decreased over the right lower extremity. Work status was permanent and stationary; he is currently working full time. The plan of care included medication management, transforaminal epidural steroid injection (TFESI) L5-S1, and follow up care. Authorization was requested for outpatient L5-S1 TFESI. On 10-26-2015, Utilization Review non-certified the request for L5-S1 TFESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Transforaminal lumbar epidural injection (ESI) L5-S1: 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: Per the Guidelines, Epidural steroid injections (ESIs) are recommended for treatment of radicular pain if conservative measures have failed. The Guidelines specify several criteria for use of epidural steroid injections, and all criteria must be met. New evidence suggests no more than 2 epidural steroid injections, not the previously recommended series of 3. Epidural steroid injections have not been shown to provide lasting pain relief and have no proven effect on long-term function. Based on the evidence, epidural steroid injections are best used for short-term pain relief (no more than 3 months), in conjunction with other measures including continued exercise. Criteria for Use of Epidural Steroid Injection: 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. For the patient of concern, the records do indicate that patient has radicular findings on examination, and EMG/NCV as well as MRI that confirm abnormalities that could result in radiculopathy. The records also indicate that patient has failed all conservative therapies, including physical therapy. The requested procedure does specify the level to be injected. Per the records, the patient has had previous epidural injection with "significant relief." However, there is no clear documentation of functional improvement attributed to the prior epidural steroid injection including documentation of improvement in symptoms, increase in activities of daily living or decrease in medication use. Without documentation of at least 50% improvement in pain and assessment of function for improvement after previous epidural, the request for additional epidural injections / blocks are not medically necessary.