

Case Number:	CM15-0219898		
Date Assigned:	11/12/2015	Date of Injury:	06/26/2002
Decision Date:	12/29/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/09/2015

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: Massachusetts

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 61 year old male who sustained an industrial injury on 6-26-02. A review of the medical records indicates that the worker is undergoing treatment for sciatica, left side, spinal stenosis, lumbar region, other intervertebral disc degeneration, lumbar region and a past surgical history of; carpal tunnel left wrist, carpal tunnel right wrist, and spinal fusion. Subjective complaints (10-19-15) include pain that radiates from the left buttock to the anterior aspect of the thigh stopping short of the knee, a hard time standing or sitting more than 5 minutes, and can ambulate less than one block. Pain is rated at 8 out of 10. The worker reports four months of 70% improvement with the previous L4-5 epidural steroid injection but that the pain has now returned. Current medications are Norco, Cyclobenzaprine, Ambien, and Nexium. Objective findings (10-19-15) include a gait with a limp, paraspinal and lumbar tenderness to palpation, increased kyphosis, tenderness of the left buttock, increased paraspinal muscle tone, and restricted active and passive range of motion. Pain is noted to be severe, constant and consistent with left L4 radiculopathy. An MRI of the lumbar spine reveals "bilateral foraminal narrowing at L3-4 L4-5 L5-S1 with a right sided disc bulge at L3-4. He has right paraspinal injuries related to strain injury at L5-S1." X-rays of the lumbosacral spine demonstrate "degenerative disk disease at multiple levels. The most severe degeneration is at L4-5 and L5-S1 with significant loss of disk height. The facet joints are hypertrophic, and the foramina are narrow at the corresponding levels." Work status is noted as retired. Previous treatment includes left L4-5 epidural steroid injection (provided 4 months with 70% relief), physical therapy (reported as helpful), and medication. The treatment plan includes left L4-5 epidural steroid

injection and refill of Norco 10-325mg three times a day for 3 months. A request for authorization is dated 10-23-15. The requested treatment of epidural injection left L4-5 with moderate sedation and fluoroscopic guidance was denied on 10-30-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Injection Left L4-5 with moderate sedation and fluoroscopic guidance:

Overtured

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: Accordingly to the MTUS, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy). See specific criteria for use below. Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a series of three ESIs. These early recommendations were primarily based on anecdotal evidence. 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. 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. (Armon, 2007) See also Epidural steroid injections, series of three. 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 a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. According to the documents available for review, the IW does have physical exam findings, and pain complaints that are corroborated by imaging studies and as required by the MTUS above. Previous injection benefit is within MTUS criteria. Therefore, at this time, the requirements for treatment have been met and medical necessity has been established.