

Case Number:	CM15-0223395		
Date Assigned:	11/19/2015	Date of Injury:	04/30/1993
Decision Date:	12/30/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/13/2015

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 55-year-old female, who sustained an industrial injury on 4-30-1993. The injured worker is undergoing treatment for: chronic pain, cervical radiculopathy, lumbar radiculopathy, right hip pain, and incontinence. The treatment and diagnostic testing to date has included: MRI of lumbar spine (4-16-14), electrodiagnostic studies (12-19-14), and medications. Medications have included: Flurbiflex, HCTZ-triamterene, and Nortriptyline, and topical creams. On 6-4-15, and 8-28-15, she reported neck pain rated 7 out of 10; right shoulder pain rated 8 out of 10; upper back pain rated 8 out of 10; and low back pain rated 9 out of 10; and bilateral hip pain rated 8 out of 10. On 9-24-15, she reported neck pain with radiation into the right upper extremity and associated numbness in the right upper extremity; thoracic back pain with radiation into the chest wall on the right and associated tingling; low back pain with radiation into the bilateral lower extremities down to the feet with right being greater than left and associated numbness in the right lower extremity down to the foot and toes. Objective findings revealed tenderness in the lumbosacral area, decreased lumbar range of motion, decreased sensation to touch along the L4-5 dermatome in bilateral lower extremities, decreased strength in the extensor muscles along the L4-5 dermatome in bilateral lower extremities, positive bilateral straight leg raise testing; and grip strength testing decreased on the left and noted as not possible on the right. Current work status: temporarily totally disabled. The request for authorization is for: bilateral L4-5 interlaminar lumbar epidural under fluoroscopy. The UR dated 10-19-2015: non-certified the request for bilateral L4-5 interlaminar lumbar epidural under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 interlaminar lumbar epidural under fluoroscopy: 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 a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case the exam notes from 9/24/15 do not demonstrate a failure of conservative management nor a clear evidence of a dermatomal distribution of radiculopathy. Per CA MTUS guidelines radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. EMG was negative for lumbar radiculopathy. The MRI from 4/16/14 showed a 3 mm disc protrusion at L4-5. Therefore, the proposed epidural steroid injection is not medically necessary and the determination is for non-certification.