

Case Number:	CM15-0225217		
Date Assigned:	11/23/2015	Date of Injury:	06/17/2011
Decision Date:	12/31/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/17/2015

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 48 year old male, who sustained an industrial injury on 06-17-2011. He has reported injury to the neck, bilateral shoulders, left knee, and low back. The diagnoses have included displacement of the cervical spine; cervical radiculopathy; status post cervical spinal fusion; lumbar spine spondylosis with mild compression at T12-L1 and L5-S1 left neural foraminal stenosis; lumbar radiculopathy; bilateral shoulder pain; and status post bilateral carpal tunnel release. Treatment to date has included medications, diagnostics, activity modification, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, home exercise program, and surgical intervention. Medications have included Norco, Butrans Patch, Gabapentin, and Tizanidine. A progress report from the treating physician, dated 09-22-2015, documented an evaluation with the injured worker. The injured worker reported neck pain that radiates down the bilateral upper extremities, right greater than left; the pain is accompanied by intermittent tingling in the bilateral upper extremities to the level of the hands; the pain is aggravated by activity, flexion, extension, repetitive head motions, and walking; low back pain that radiates down the bilateral lower extremities; the pain is aggravated by activity and walking; the pain is rated as 8 out of 10 in intensity on average with medications since the last visit; the pain is rated as 10 out of 10 in intensity on average without medications since the last visit; the pain is reported as worsened since his last visit; there are ongoing activity of daily living limitations due to pain; and the use of the TENS unit is helpful. Objective findings included he is alert; observed to be in moderate to severe distress; tenderness was noted in the cervical spine C4-7; cervical spine range of motion was severely limited due to pain; tenderness to palpation of

the lumbar spine was noted at the L4-S1 levels; pain was significantly increased with flexion and extension; tenderness is noted on palpation at the right wrist; tenderness was noted on palpation at the right hip trochanteric bursa and the right hip; and sensory examination is within normal limits in the bilateral lower extremities. The treatment plan has included the request for lumbar epidural steroid injection bilateral L4-L5, L5-S1. The original utilization review, dated 10-23- 2015, non-certified the request for lumbar epidural steroid injection bilateral L4-L5, L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection bilateral L4-L5, 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: 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 9/22/15 do not demonstrate a failure of conservative management nor a clear evidence of a dermatomal distribution of radiculopathy. Per CA MTUS guidelines no more than one interlaminar level should be injected at one session. Therefore the proposed epidural steroid injection is not medically necessary and the determination is for non-certification.