

Case Number:	CM15-0032171		
Date Assigned:	02/25/2015	Date of Injury:	11/30/1995
Decision Date:	04/10/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/20/2015

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: Internal 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 67 year old male, who sustained an industrial injury on November 30, 1995. The diagnoses have included radiculopathy, lumbar spine, and degenerative disc disease lumbar and failed back syndrome lumbar. Treatment to date has included left transforaminal L4-L5 and L5-S1 epidural steroid injection with fifty percent reduction in pain and pain medication. Currently, the injured worker complains of low back and leg pain. In a progress note dated January 30, 2015, the treating provider reports lumbar spine examination palpable twitch positive trigger points are noted in the lumbar paraspinal muscles and pain noted with lumbar extension. On February 6, 2015 Utilization Review non-certified a repeat transforaminal L4-L5 epidural steroid injection under fluoroscopy and monitored anesthesia quantity 1, and repeat transforaminal L5-S1 epidural steroid injection under fluoroscopy and monitored anesthesia quantity 1, the guidelines used but the Utilization Review was not cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Transforaminal L4-L5 Epidural Steroid Injection under Fluoroscopy and Monitored Anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page 46.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. The operative report dated 01-20-2015 documented the performance of left L5-S1 and L4-L5 lumbar transforaminal injection. The pain management progress report dated 01-30-2015 documented that the patient had left transforaminal L4-L5 and L5-S1 epidural steroid injections. The patient noted that for 3 days he had reduction in pain. Repeat left transforaminal L4-L5 and L5-S1 epidural steroid injections were requested on 01-30-2015. Per MTUS guidelines for epidural steroid injections, 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. Epidural steroid injections performed on 01-20-2015 provided 3 days of pain reduction. Repeat epidural steroid injections were requested on 01-30-2015, ten days after the initial epidural steroid injections (1/20/15). Per MTUS guidelines for epidural steroid injections, repeat blocks should be based on continued objective documented pain and functional improvement for six to eight weeks. Therefore, the request for repeat epidural steroid injections is not supported by MTUS guidelines. Therefore, the request for repeat L4-L5 epidural steroid injection is not medically necessary.

Repeat Transforaminal L5-S1 Epidural Steroid Injection under Fluoroscopy and Monitored Anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 300,Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page 46.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. The operative report dated 01-20-2015 documented the performance of left L5-S1 and L4-L5 lumbar transforaminal injection. The pain management progress report dated 01-30-2015 documented that the patient had left transforaminal L4-L5 and L5-S1 epidural steroid injections. The patient noted that for 3 days he had reduction in pain. Repeat left transforaminal L4-L5 and L5-S1 epidural steroid injections were requested on 01-30-2015. Per MTUS guidelines for epidural steroid injections, 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. Epidural steroid injections performed on 01-20-2015 provided 3 days of pain reduction. Repeat epidural steroid injections were requested on 01-30-2015, ten days after the initial epidural steroid injections (1/20/15). Per MTUS guidelines for epidural steroid injections, repeat blocks should be based on continued objective documented pain and functional improvement for six to eight weeks. Therefore, the request for repeat epidural steroid injections is not supported by MTUS guidelines. Therefore, the request for repeat L5-S1 epidural steroid injection is not medically necessary.