

Case Number:	CM15-0032259		
Date Assigned:	02/25/2015	Date of Injury:	04/17/2012
Decision Date:	04/09/2015	UR Denial Date:	01/23/2015
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: Florida

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 50 year old male who sustained a work related injury April 17, 2012, while in a motor vehicle accident, with complaints of low back pain radiating to left leg. Past medical history includes hypertension, diabetes mellitus. According to a primary treating physician's progress report dated January 14, 2015, the injured worker presented complaining of an increase in left radicular pain radiating to toes. He has had epidurals in September 2014 with a 50% benefit in walking and standing for longer periods of time. Physical examination reveals bilateral tenderness and spasms of the L3-5 paraspinal muscles; lumbar spine reveals decreased range of motion, extension 10 degrees, flexion 40 degrees, bilateral bending 15 degrees and rotation 20 degrees; gait-slight limp. Diagnoses included lumbar degenerative disc disease and lumbar radiculopathy. Treatment plan included discussion and request for epidural injection, prescription for Naproxen and Sprix and continue home exercise program. According to utilization review dated January 23, 2015, the request for Left L5-S1 epidural steroid injection is non-certified. Citing not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LESI: Epidural Steroid Injections, page(s) 80 Page(s): LESI: Epidural Steroid Injections, page(s) 80.

Decision rationale: California MTUS guidelines provided the following 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. Regarding this patient's case, a 1/2015 progress note states that this patient has had a prior LESI on 9/15/2014. The progress note states that he received 50% pain relief from it with the effects lasting for "2 weeks+." Guidelines clearly state regarding repeat LESIs, "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 progress note statement that symptoms improved for 2 weeks+ is not very specific and does not satisfy guideline criteria. Likewise, this request for a repeat LESI procedure is not considered medically necessary.