

Case Number:	CM15-0032873		
Date Assigned:	02/26/2015	Date of Injury:	04/18/2014
Decision Date:	04/06/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/23/2015

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: Arizona, California

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 32-year-old male, with a reported date of injury of 04/18/2014. The diagnoses include sciatica, low back pain, lumbar degenerative disc disease, and lumbar herniated nucleus pulposus. Treatments included oral medications, physical therapy, and x-rays of the lumbar spine. The initial workers' compensation evaluation dated 01/16/2015 indicates that the injured worker complained of low back pain. He rated the pain 6 out of 10. The pain was constant and daily, and aggravated by activities. The injured worker did not have left lower extremity radicular pain, numbness, or weakness. The objective findings included lumbar flexion at 60 degrees, lumbar extension at 20 degrees, normal lumbar lordosis, positive paravertebral muscle spasm, and full, functional bilateral symmetric range of motion of the hips, knees, ankles, and subtalar joints. An MRI on 9/3/14 indicated compression of the L5-S1 nerve root. The treating physician recommended three lumbar epidural steroid injections for further pain management. On 01/27/2015, Utilization Review (UR) denied the request for three lumbar epidural steroid injections, noting that there were no objective findings of radiculopathy. The ACOEM Guidelines and the Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injections times 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (http://www.odg-twc.com/odgtwc/Low_Back.htm).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

Decision rationale: According to the guidelines, the 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 claimant does have image and exam findings consistent with radiculopathy. The claimant has continued pain despite conservative therapy. However, the response to an initial ESI must be documented followed by an injection free interval. The request for 3 ESIs in advance is not medically necessary.