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| Case Number: | CM15-0034424 | | |
| Date Assigned: | 03/02/2015 | Date of Injury: | 04/02/2014 |
| Decision Date: | 04/08/2015 | UR Denial Date: | 02/12/2015 |
| Priority: | Standard | Application Received: | 02/24/2015 |

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 44-year-old male, who sustained an industrial injury on April 2, 2014. He has reported a fall with injuries to the low back and left leg. The diagnoses have included lumbar sprain/strain with L5 radiculopathy and left knee contusion resolved. Treatment to date has included diagnostic studies, physical therapy and medication. On February 16, 2015, the injured worker complained of pain in his lower back rated a 6 on a 1-10 pain scale. The pain is mainly in his lower back that radiates down his left lower extremity down to the thigh and anterolaterally to his knee. His activities of daily living are affected due to the pain. Physical examination of the lumbar spine revealed tenderness and muscle guarding in the left paralumbar region. There were limitations in range of motion. Straight leg raising on the left elicits increased radiculopathy down the left lower extremity. On February 12, 2015, Utilization Review non-certified left L4-5 and L5-S1 transforaminal epidural steroid injection under fluoroscopic guidance, noting the ACOEM Guidelines. On February 24, 2015, the injured worker submitted an application for Independent Medical Review for review of left L4-5 and L5-S1 transforaminal epidural steroid injection under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 and L5-S1 transformaminal epidural steroid injection under fluoroscopic guidance:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural steroid injections, diagnostic.

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). 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." There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain. MTUS further defines the criteria for epidural steroid injections to include: 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. Although the MRI provided demonstrates appropriate diagnosis with L5-S1, L4-L5, it does not appear that the patient has nerve root compromise. The treating physician has not met the above guidelines at this time. As such, the request for L4-5 and L5-S1 transformaminal epidural steroid injection under fluoroscopic guidance is not medically necessary.