

Case Number:	CM15-0035535		
Date Assigned:	03/04/2015	Date of Injury:	05/29/2013
Decision Date:	04/08/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/25/2015

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 53-year-old male, who sustained an industrial injury on 5/29/2013. The diagnoses have included low back pain with lumbar radiculopathy, with L4-L5 disc disease and lumbar facet arthropathy. Treatment to date has included diagnostic imaging, physical therapy, medications and chiropractic care. Currently, the IW complains of low back pain with radiation to the right hip. There was no associated numbness and tingling. There was no leg pain. There was pain in the right foot. He also reported right shoulder pain. Objective findings included a slow gait and lumbar range of motion was limited to extension, with low back pain. There was tenderness to the paraspinals over L4-5 and L5-S1. Straight leg raise was positive on the right localizing to low back pain with right hip pain. Patrick's test was positive on the right localizing to low back pain. On 2/12/2015, Utilization Review non-certified a request for bilateral L4 and L5 transforaminal epidural steroid injections noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 2/25/2015, the injured worker submitted an application for IMR for review of bilateral L4 and L5 transforaminal epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 and L5 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 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, an MRI in December 2013 indicated no impingement findings. Exam findings on 3/6/15 did indicate a positive straight leg raise on the right. In this case, the exam findings are not corroborated by imaging studies. In addition, the ACOEM guidelines do not recommend ESI due to their short-term benefit (not lasting). The request for an ESI is not medically necessary.