

Case Number:	CM15-0038754		
Date Assigned:	03/09/2015	Date of Injury:	07/22/1996
Decision Date:	04/10/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/02/2015

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: Hawaii, California, Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational 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 55-year-old female who sustained an industrial injury on July 22, 1996. She has reported low back and neck pain and has been diagnosed with Displacement ; lumbar disc without myelopathy, stenosis lumbar spine, lumbar radiculopathy, degenerative disc disease lumbar, cervicgia, postlaminectomy syndrome cervical region, unspecified myalgia and myositis, pain in joint ; shoulder region, carpal tunnel syndrome, and headache. Treatment has included surgery, epidural injections, home exercise program, psychiatric care, and medications. Currently the injured worker complains of chronic severe pain related to her history of intractable headaches, neck, and low back pain. Medical records (7/25/2015) indicate pain relief of 70% lasting "weeks and weeks" from prior ESI, The treatment plan included epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection (ESI) at (lumbar) L4-5 or L5-S1 (sacroiliac) Interlaminar level:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic.

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". The medical records do indicate some level of radicular pain and current rehab efforts (i.e. home exercise program, physical therapy). 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. The medical records indicate that the patient has had a prior ESI injection, but does not specify the date of procedure. While the treating physician notes 70% improvement from the prior ESI injection, the duration of relief is not documented. The guidelines require at least 50% relief lasting 6-8 weeks. Based on the medical records provided, the duration of relief cannot be determined. The request for Epidural steroid injection (ESI) at (lumbar) L4-5 or L5-S1 (sacroiliac) Interlaminar level cannot be deemed medically necessary at this time.