

Case Number:	CM15-0043467		
Date Assigned:	03/13/2015	Date of Injury:	08/02/2002
Decision Date:	04/23/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/09/2015

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: California

Certification(s)/Specialty: Internal 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 72-year-old male, who sustained an industrial injury on 8/2/02. He reported low back pain. The injured worker was diagnosed as having lumbago back disorder, spinal stenosis and degeneration of discs. Treatment to date has included physical therapy, NSAIDS's, muscle relaxants and transdermal patches. (MRI) magnetic resonance imaging of lumbar spine was performed 4/2014. Currently, the injured worker complains of low back pain with radiation to left leg. Palpation of lumbar spine on physical exam noted no pain with no palpable trigger points in muscles of low back. The treatment plan included continuation of oral medications, continuation of Lidoderm patch, physical therapy and epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left transforaminal epidural steroid injection every 4 weeks; under fluoroscopic guidance & IV sedation at L4-L5 & L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page 46.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. Most current guidelines recommend no more than 2 ESI injections. No more than 2 epidural steroid injections are recommended. Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. The progress note for the date of service 12/11/2014 documented a history of low back pain, idiopathic pulmonary fibrosis, COPD chronic obstructive pulmonary disease, and lung transplant. Physical examination was documented. Gait and station are normal. Inspection of the lumbar spine reveals no scoliosis. Palpation of the thoracic and lumbar facets and lumbar intervertebral spaces reveals no pain. Palpation of the bilateral sacroiliac joints reveals no pain. Patrick's and Gaenslen's tests are negative. Palpation of the bilateral piriformis muscles reveals no pain. Straight leg raising was localized to low back only at 70 degrees bilaterally. Range of motion of the lumbar spine is 90 degrees in anterior flexion without pain, 30 degrees in extension without pain, 30 degrees of left lateral rotation without pain, 30 degrees of right lateral rotation without pain. The lumbar spine is stable. There are not palpable trigger points in the muscles of the low back. Sensory was intact all areas. Left L4-L5, L5-S1 transforaminal epidural steroid injections under fluoroscopic guidance and IV sedation 1 every 4 weeks was requested. The 12/11/2014 progress did not document neurologic deficit on physical examination of the lumbar spine. No lumbar tenderness was noted. Range of motion was within normal limits. MTUS Criteria for the use of epidural steroid injections requires that radiculopathy must be corroborated by physical examination and corroborated. The request was for epidural steroid injections every 4 weeks, without a defined limit on epidural steroid injections. Per MTUS, repeat blocks should be based on continued objective documented pain and functional improvement. No more than 2 epidural steroid injections are recommended. Therefore, the request for epidural steroid injections every 4 weeks is not supported by MTUS guidelines. The request for epidural steroid injections is not supported by MTUS guidelines. Therefore, the request for left L4-L5, L5-S1 transforaminal epidural steroid injections under fluoroscopic guidance and IV sedation 1 every 4 weeks is not medically necessary.