

Case Number:	CM15-0043815		
Date Assigned:	03/13/2015	Date of Injury:	02/05/2007
Decision Date:	04/23/2015	UR Denial Date:	02/23/2015
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: Physical Medicine & Rehabilitation

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 67 year old male who sustained a work related injury on February 5, 2007, incurring back injuries. He was diagnosed with lumbosacral disc disease, rib fractures and cervical degenerative disc disease. Treatments included epidural steroid injections, chiropractic treatments, activity restrictions and pain medications. Currently, the injured worker complained of chronic low back pain and neck pain. The current plan that was requested for authorization included one set of Transforaminal epidural injections bilaterally at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 set of transforaminal epidural injections bilaterally at L4-5 and L5-S1.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Low Back -Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic'.

Decision rationale: The patient presents with low back pain, mid thoracic pain and neck pain, rated 6-7/10. The request is for 1 SET OF TRANSFORAMINAL EPIDURAL INJECTION BILATERALLY AT L4-5 AND L5-S1. Physical examination to the lumbar spine on 01/14/15 revealed tenderness to palpation over the lumbar paraspinal muscles and over the bilateral SI joints. Range of motion was decreased in all planes. Straight leg raising test was positive. Patient has tried chiropractic treatments and has had lumbar ESIs, the most recent ones on 06/02/14 and 11/03/14. MRI of the lumbar spine on 04/10/07 showed L4-5 protrusion deflect right L5 root, L5-S1 central protrusion affecting S1 root, and facet hypertrophy at L5-S1. Per 02/25/15 progress report, patient's diagnosis include other motor vehicle traffic accident involving collision on the highway injuring driver of motor vehicle other than motorcycle, degeneration of lumbar or lumbosacral intervertebral disc, other symptoms referable to back, chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis, unspecified, sarcoilitis, not elsewhere classified, lumbago, cervicgia, degeneration of thoracic or lumbar intervertebral disc, degeneration of cervical intervertebral disc, myalgia and myositis, and chronic pain syndrome. Patient's medications, per 01/14/15 progress report include Norco, Methadone and Xanax. Patient's work status was not specified. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "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." ODG guidelines, chapter 'Low Back -Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic', state that "At the time of initial use of an ESI (formally referred to as the diagnostic phase as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections." In progress report dated 02/11/15, treater's reason for the request is to provide long term pain relief and decrease medication use. Patient has had 4 lumbar ESIs, the most recent ones on 06/02/14 and 11/03/14. Per 06/11/14 progress report, the ESI on 06/02/14 was greatly beneficial and provided the patient with 60-70% pain relief. However, in 01/14/15 progress report, it is stated, " He is status post LESI at the L5-S1 level, 11/03/14." and "He reports that he was out of it for a few hours, following the procedure, had lower extremity weakness and extended erectile dysfunction." MTUS requires documentation of objective pain and functional improvement, including at least 50% pain relief with associated reduction of medication use. In this case, there was no improvement reported with the second lumbar epidural injection. Therefore, the request does not meet MTUS guidelines and IS NOT medically necessary.