

Case Number:	CM15-0048763		
Date Assigned:	03/20/2015	Date of Injury:	07/24/2008
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/16/2015

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 60-year-old male who sustained an industrial injury on July 24, 2008. The injured worker was diagnosed with lumbar radiculopathy secondary to herniated lumbar disc and degenerative disc disease. Recent diagnostic testing included lumbar magnetic resonance imaging (MRI) with flexion and extension on March 19, 2014. According to the primary treating physician's progress report on December 16, 2014, the patient continues to experience low back pain with numbness and tingling in the bilateral legs. Examination of the lumbar spine demonstrated decreased range of motion, tightness and spasm of the paraspinal muscles and an incomplete hypoesthesia at the anterolateral aspect of the foot and ankle bilaterally at L5-S1 dermatome level. Right ankle deep tendon reflex was absent and diminished on the left. There was weakness noted at the big toe dorsiflexor and plantar flexor bilaterally. Lasegue's test was positive bilaterally. Facet joint tenderness was positive at L3, L4 and L5-S1 bilaterally. Current medications are listed as Tramadol, Anaprox, Zanaflex and Prilosec. Treatment plan consists of temporary total disability (TTD), remain off work, and continue with medications and the requested authorization for an epidural steroid injection (ESI) of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection lumbar L4-L5, L5-S1: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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." 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 electro diagnostic 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 researches do not support "series-of-three" injections in either the diagnostic or the therapeutic phase. We recommend no more than two ESI injections. Medical documents provided detail a trial and failure of conservative care. Additionally, objective findings were documented to specify the dermatomal distribution of radicular pain and the radicular pain is corroborated with imaging studies. Thus, the treating physician has met the above guidelines. As such, the request for Epidural steroid injection lumbar L4-L5, L5-S1 is medically necessary.