

Case Number:	CM15-0055328		
Date Assigned:	03/30/2015	Date of Injury:	01/04/2011
Decision Date:	05/06/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/23/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 63-year-old male, who sustained an industrial injury on 1/4/2011. He reported a low back and right hip injury. Diagnoses have included L5/S1 spondylolisthesis, lumbar disc herniation, right radiculopathy, lumbar disc disease, sciatica and lumbosacral sprain/strain. Treatment to date has included lumbar epidural steroid injection (ESI) and medication. According to the pain management consult report dated 1/8/2015, the injured worker complained of lower back pain with bilateral leg and thigh pain with pain radiating up his back. He reported that he could not stand any longer than 4-5 hours before he became fatigued. He had spasms in the right calf along with the front of the lower right leg. He also complained of right foot spasms. Exam of the cervical and upper thoracic region revealed tenderness to palpation. Orthopedic testing revealed positive right straight leg raise. Gait appeared altered favoring the right lower extremity. It was noted that the injured worker received 50% pain relief and was able to continue working in 2013 and reduce medications following epidural steroid injection (ESI). Authorization was requested for repeat lumbar transforaminal epidural steroid injection (ESI) at right L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat lumbar transforaminal epidural steroid injection at right L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 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 documentation submitted for review indicates that the injured worker previously underwent lumbar epidural steroid injections on 2/15/13 with 40-50% relief and on 3/25/14 with 50% pain relief. However, there was no documentation of associated reduction in medication usage or functional improvement. As the criteria for repeat injection is not met, the request is not medically necessary.