

Case Number:	CM15-0084788		
Date Assigned:	05/07/2015	Date of Injury:	10/26/2005
Decision Date:	06/08/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/04/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 38 year old male who sustained an industrial injury on 10/26/2005. Current diagnosis includes lumbar degenerative disc disease. Previous treatments included medication management. Previous diagnostic studies include EMG/NCS which revealed L5 radiculopathy on the left and MRI revealed disc herniation at L5-S1 with entrapment of the left S1 nerve root and disc herniation at L4-L5 with impingement on the right L5 nerve root. Report dated 02/12/2015 noted that the injured worker presented with complaints that included ongoing back pain shooting down his left leg. Pain level was 9 out of 10 (present), 4 out of 10 (with medications), and 10 out of 10 (without medications) on a visual analog scale (VAS). It was noted that the injured worker is currently working. Physical examination was positive for limited range of motion in the back, right and left straight leg raises cause left sided back pain, some sensory loss, and absent left Achilles reflex. The treatment plan included refilling medication which included Norco, ibuprofen, and Neurontin, scheduling a consult with the pain specialist for consideration of an epidural steroid injection, and follow up in 4 weeks. Disputed treatments include epidural steroid injection at L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injections, Lumbar, L5-S1 (sacroiliac), followed by L4-L5: 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): 300, Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

Decision rationale: According to the guidelines, the criteria for the use of Epidural steroid injections: Note: The purpose of ESI is 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 functional benefit. 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. In this case, the claimant does have radicular findings on exam and diagnostics but there was substantial pain response to medications and conservative care. According to the ACOEM guidelines, injections are not recommended due to short-term benefit. The request for the ESI is not medically necessary.