

Case Number:	CM15-0086951		
Date Assigned:	05/11/2015	Date of Injury:	07/07/2014
Decision Date:	06/10/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/06/2015

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 was a 36-year-old male, who sustained an industrial injury, July 7, 2014. The injury was sustained while pouring a 50-pound bag of chemical absorbant, used to clean up spilled paint. At the end of pouring the bag, the injured worker felt a pop in the low back and had pain ever since. The injured worker previously received the following treatments lumbar MRI which showed a small posterior L5-S1 disc protrusion with minimal foraminal narrowing, but there was no nerve root involvement. Other treatments were Flexeril, Soma, Ibuprofen and physical therapy. The injured worker was diagnosed with L4-L5 mild disc bulging and T11-T12 degenerative disc disease and minimal disc desiccation at the L4-L5 and L5-S1 levels. According to progress note of March 23, 2015, the injured workers chief complaint was low back pain. The injured worker rated the pain at 4 out of 10. The pain currently was 7 out of 10, the pain increased with activity. The physical exam noted lumbar spine range of motion was 60% of normal. There was tenderness along the bilateral lower lumbar paraspinal muscles, iliolumbar and sacroiliac regions. There was mild tenderness of the buttocks and greater trochanter. Facet maneuver was equivocal bilaterally with some mild low back pain reported. The reflexes, sensory and strength were intact to the lower extremities. The L4-L5 and L5-S1 had mild disc bulging and disc protrusion, respectively. The injured worker had persistent back pain and right lumbar radicular complaints. The treatment plan included injection foramen epidural lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 Epidural Steroid Injection x2 Under Fluoroscopic Guidance: Overturned

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

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 research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Radiculopathy does appear to be documented with imaging studies and on physical exam. Additionally, treatment notes do indicate other conservative treatments were tried and failed (exercises, physical therapy, etc). As such, the request for Right L5-S1 Epidural Steroid Injection x2 Under Fluoroscopic Guidance is medically necessary.