

Case Number:	CM15-0088145		
Date Assigned:	05/12/2015	Date of Injury:	02/23/2015
Decision Date:	06/11/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/07/2015

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: North Carolina

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 36 year old male, who sustained an industrial injury on 2/23/2015. He reported blunt trauma to the chest wall while falling a ladder, banging his right chest wall and lower legs subsequently developing low back pain. Diagnoses include contusion of the chest wall, painful knee and leg. Treatments to date include activity modification, anti-inflammatory, muscle relaxer, and physical therapy. Currently, he complained of low back pain with radiation down left lower extremity to the ankle and left knee pain. He completed 5/6 physical therapy sessions with little improvement. An MRI of the lumbar spine was documented to reveal foraminal stenosis. On 4/17/15, the physical examination documented a positive left side straight leg test, tenderness on facet joints and lumbar muscles. There was decreased sensation L5-S1 dermatomes. The plan of care included lumbar epidural steroid injection at L5-S1 with intravenous sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar epidural steroid injection (LESI) at L5-S1 with IV sedation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar and Thoracic: Epidural Steroid Injections (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46.

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: 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. The provided clinical documentation for review meets criteria as outlined above for ESI. Therefore the request is medically necessary.