

Case Number:	CM15-0088327		
Date Assigned:	05/12/2015	Date of Injury:	12/20/2011
Decision Date:	06/18/2015	UR Denial Date:	04/23/2015
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: Florida

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 29-year-old male who sustained an industrial injury on 12/20/11. Initial complaints and diagnoses are not available. Treatments to date include medications, back surgery, and physical therapy. Diagnostic studies include a MRI of the lumbar spine. Current complaints are not addressed. Current diagnoses include status post bilateral L5-S1 decompression discectomy. In a progress note dated 01/08/15 the treating provider reports the plan of care is to return to work without restrictions, complete physical therapy, take naproxen as needed, and return to the office in 6 weeks. The requested treatment is a lumbar epidural steroid injection at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection translaminar L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, page(s) 46 of 127 Page(s): 46.

Decision rationale: 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 'series-of-three' injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Regarding this patient's case, he has previously had 2 ESI injections, and the documentation implies that his symptoms did not improve, but actually worsened. As MTUS guidelines state, no more than 2 ESI injections are recommended, and a third can certainly not be recommended when his symptoms did not improve with the first two. Additionally, guidelines state "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." There is a lack of documentation of physical exam findings consistent with radiculopathy. The most recent physical exam from 3/2015 only notes a mildly positive straight leg raise. Furthermore, there is also a lack of documentation regarding failure of conservative treatment. He is not documented to have had any recent physical therapy or to be participating in a home exercise program. This request does not satisfy MTUS guidelines, and cannot be considered medically necessary.