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| Case Number: | CM15-0235951 | | |
| Date Assigned: | 12/11/2015 | Date of Injury: | 06/22/2012 |
| Decision Date: | 01/21/2016 | UR Denial Date: | 11/11/2015 |
| Priority: | Standard | Application Received: | 12/02/2015 |

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, Texas

Certification(s)/Specialty: Internal 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 is a 61 year old female who sustained an industrial injury on 06-22-2012. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar discogenic pain, radicular pain and bilateral knee pain. According to the treating physician's progress report dated 10-23-2015, the injured worker continues to experience episodic low back pain exacerbated by weight bearing and bilateral knee pain. Observation noted a slightly forward flexed stance with an increased lordosis and anterior pelvic tilt with mild tenderness to palpation at L4 through S1 paraspinals bilaterally. Lumbosacral range of motion was within functional limits. Motor strength and sensation were intact. Slump test was mildly positive on the left. Prior treatments have included diagnostic testing, back brace, knee brace, physical therapy, home exercise program, lumbar epidural steroid injection in 10-2014 with a documented greater than 75% improvement for approximately 7 months and medications. Current medications include Celebrex. Treatment plan consists of continuing home exercise program, Celebrex and the current request for a left L5-S1 epidural steroid injection. On 11-11-2015, the Utilization Review determined the request for a left L5-S1 epidural steroid injection was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left LESI (Epidural Steroid Injections) L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the MTUS, ESIs are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. 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. Criteria for the use of ESI is 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). Injections should be performed using fluoroscopy 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. 5) No more than two nerve root levels 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. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. In this case, the documentation does not support that the patient has a radiculopathy shown on physical exam and corroborated by imaging studies and/or electrodiagnostic testing. The request is not medically necessary.