

Case Number:	CM14-0216508		
Date Assigned:	02/09/2015	Date of Injury:	02/25/1993
Decision Date:	03/25/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/26/2014

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 70 year old male, who sustained an industrial injury on 2/25/93. He has reported low back and shoulder injuries. The diagnoses have included lumbar post laminectomy syndrome, genitofemoral ilioinguinal nerve entrapment, and right knee internal derangement. Treatment to date has included medications, injections, diagnostics, and surgery. Surgery included lumbar fusion and status post orchiectomy. Currently, the injured worker complains of continued low back pain, shoulder pain and right groin pain. He is under pain management for groin pain and takes Norco daily for breakthrough pain in his back pain. Physical exam revealed tenderness of the lower lumbar muscles with decreased range of motion. The injured worker is status post right ilioinguinal nerve block on 4/21/14 with 90 percent relief. There was positive tinets right ilioinguinal and increased sensitivity in the medial thigh and groin. There were no documented diagnostic studies noted. On 12/9/14 Utilization Review non-certified a request for (R) transforaminal epidural injection L5-S1, noting there were no objective exam findings and corroborating diagnostic studies to support radiculopathy. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

(R) transforaminal epidural injection L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections 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 patient has the documentation of low back pain and lumbar disc herniation however there is no documentation of radiculopathy on the physical exam. There is no included corroboration by imaging studies or EMG. For these reasons criteria as set forth above per the California MTUS have not been met. The request is not certified.