

Case Number:	CM15-0016268		
Date Assigned:	02/04/2015	Date of Injury:	10/01/2008
Decision Date:	03/20/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/28/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 47 year old male, who sustained an industrial injury on 10/01/2008. He has reported subsequent back pain radiating to the right hip and was diagnosed with postlaminectomy syndrome of the lumbar spine and lumbar radiculopathy. Treatment to date has included oral pain medication, home exercise program, TENS unit and epidural steroid injections. In a progress note dated 01/12/2015, the injured worker complained of back and right hip pain rated as 5/10 with associated numbness and tingling. Objective physical examination findings were notable for positive straight leg raise at 90 degrees on the right and restricted range of motion. The physician noted that the injured worker had considerable improvement with the last epidural injection and made a request for authorization of transforaminal epidural steroid injection. On 01/19/2015, Utilization Review non-certified a request for transforaminal epidural steroid injection at bilateral L5 under fluoroscopy for the lumbar spine, noting that the injured worker had a normal neurologic exam and the MRI did not show clear-cut evidence of nerve root impingement. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection at bilateral L5 under fluoroscopy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

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

Decision rationale: This 47 year old male has complained of low back pain since date of injury 10/1/08. He has been treated with lumbar spine surgery, physical therapy, epidural steroid injections and medications. The current request is for epidural steroid injection at bilateral L5 under fluoroscopy for the lumbar spine. Per the MTUS guideline cited above, the following criteria must be met for an epidural steroid injection to be considered medically necessary: 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. The available medical records do not include documentation that meet criteria (1) above. Specifically, radiculopathy was not documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. On the basis of the above MTUS guidelines and available provider documentation, transforaminal epidural steroid injection at bilateral L5 under fluoroscopy for the lumbar spine is not indicated as medically necessary.