

Case Number:	CM15-0017846		
Date Assigned:	02/05/2015	Date of Injury:	11/15/2003
Decision Date:	03/27/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/30/2015

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, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, 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 67 year old male injured worker suffered and industrial injury on 11/15/2003. The diagnoses were post laminectomy syndrome, radiculopathy, facet arthropathy, lumbosacral spondylosis, sacroiliitis, lumbar disc degeneration, lumbar spinal stenosis. . The diagnostic studies were electromyography, and lumbar magnetic resonance imaging. The treatments were medications, physical therapy, surgery, spinal cord stimulator and epidural steroid injections. The treating provider reported low back pain with radiation to the bilateral lower legs and left foot. The pain was 10/10 without medications and 3/10 with medications. The lumbar spine has restricted range of motion, spasms and hyper tonicity with positive straight leg raise. The Utilization Review Determination on 1/16/2015 non-certified transforaminal lumbar epidural steroid injections bilateral L4-5 and L5-S1, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar epidural steroid injection bilateral L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines ESI Page(s): 46. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . 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." There were no medical documents provided to conclude that other rehab efforts are ongoing. MTUS further defines the criteria for epidural steroid injections to include: 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. Radiculopathy does appear to be documented but it is not restricted to a single or a few dermatomes per report with various findings from L3-S2 reported. The patient is taking multiple medications, but the progress reports do not document how long the patient has been on these medications and the "unresponsiveness" to the medications. In fact, he states that he has taken both Anaprox and Lyrica with moderate pain relief. Additionally, treatment notes do not indicate if other conservative treatments were tried and failed (exercises, physical therapy, etc). He has a history of spinal stenosis and a spinal cord stimulator which until recently he was not using. This could be reprogrammed if symptoms are not improved with its use. The records are conflicting as to how well his pain is controlled. As such, the request for Transforaminal Lumbar Epidural steroid injection Bilateral L4-5 and L5-S1 is not medically necessary.