

Case Number:	CM15-0019054		
Date Assigned:	02/06/2015	Date of Injury:	12/22/1997
Decision Date:	03/25/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/02/2015

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: 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 65 year old male, who sustained an industrial injury on December 22, 1997. The injured worker has reported low back pain with radiation to the right leg. The diagnoses have included lumbar radiculitis, lumbago and displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included pain medication, a transcutaneous electrical nerve stimulation unit and lumbar epidural steroid injection. Current documentation dated January 7, 2015 notes that the injured worker reported increasing low back pain radiating into his legs. He had a lumbar epidural steroid injection a year prior which helped with the pain. The pain was rated a seven out of ten on the Visual Analogue Scale and was noted to be affecting his activities of daily living and sleep pattern. Straight leg raise was positive on the right and there was decreased sensation to light touch over the right lumbar five-sacral one dermatome. Lumbar range of motion was restricted. On January 13, 2015 Utilization Review non-certified a request for an intralaminar epidural steroid injection at the lumbar five-sacral one level. The MTUS, Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, were cited. On February 2, 2015, the injured worker submitted an application for IMR for review of an intralaminar epidural steroid injection at the lumbar five-sacral one level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar Epidural Steroid injection, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

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

Decision rationale: This 65 year old male has complained of low back pain since date of injury 12/22/97. He has been treated with physical therapy, epidural steroid injections, TENS unit and medications. The current request is for an interlaminar epidural steroid injection, L5-S1. 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, epidural steroid injection L5-S1 is not indicated as medically necessary.