

Case Number:	CM15-0111653		
Date Assigned:	06/18/2015	Date of Injury:	02/14/2013
Decision Date:	07/17/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/09/2015

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: 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 57 year old female, who sustained an industrial injury on 02/14/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having chronic low back pain with disc protrusions and facet arthropathy, possible lumbosacral radiculopathy, right sacroiliac joint dysfunction, status post nonindustrial right lumbar three to five laminectomy, cervical spinal fusion, and left hip bursitis. Treatment and diagnostic studies to date has included, medication regimen, physical therapy, left hip bursa injections performed on 03/19/2015, electromyogram, magnetic resonance imaging of the lumbar spine, status post nonindustrial lumbar surgery, and status post lumbar facet injections. In a progress note dated 04/21/2015 the treating physician reports complaints of pain to the left hip bursa and low back pain with the right worse than the left exacerbated by housework. Examination reveals a decreased sensation to the right lateral leg to foot and to the left foot. The treating physician notes an electromyogram performed on 06/27/2014 that was revealing for possible bilateral radiculopathy and a magnetic resonance imaging performed on 04/24/2013 that was revealing for multilevel degenerative disc disease, disc protrusion with facet joint arthropathy at lumbar three to four and lumbar five to sacral one, along with a small disc protrusion at lumbar four to five, bilateral foraminal narrowing at lumbar three to four, and posterior surgical changes from lumbar three to five. The treating physician noted that the injured worker had lumbar facet injections performed on 10/08/2014 that provided 80% improvement allowing the injured worker to stop taking Vicodin and to perform more activities such as housework. The treating physician requested lumbar epidural steroid injection at lumbar four to five and lumbar five to sacral one for persistent pain with disc protrusions, pain down the right leg, decreased sensation of the right foot, and electromyogram with results concerning of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L4-L5 and L5-S1: 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: 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 however there is no included imaging or nerve conduction studies in the clinical documentation provided for review that collaborates dermatomal radiculopathy on exam for the requested level of ESI. Therefore, criteria have not been met and the request is not medically necessary.