

Case Number:	CM15-0113189		
Date Assigned:	06/19/2015	Date of Injury:	04/23/1999
Decision Date:	07/24/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/12/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 52 year old male, who sustained an industrial injury on 4/23/99. The injured worker was diagnosed as having failed back surgery syndrome, permanent implantation of spinal cord stimulator, lumbar facet hypertrophy at L3-4, L4-5 and L5-S1, moderate lumbar disc degeneration at L5-S1, lumbar facet syndrome, chronic myofascial pain syndrome and status post right partial knee replacement. Treatment to date has included lumbar surgery, epidural steroid injections, physical therapy, home exercise program and activity restrictions. Currently, the injured worker complains of severe, constant low back pain with radiation down right leg to foot with tingling, numbness and paresthesia; rated 5-7/10 with a duragesic patch. The operative note on 9/24/14 documents right L5-S1 epidural steroid injection and caudal epidural steroid injection provided 60-70% relief with improved function for a few months. Physical exam noted increased lumbar lordosis, restricted lumbar range of motion, well healed surgical scars in thoracolumbar spine area, paravertebral muscle spasm and localized tenderness in lumbosacral spine area. A request for authorization was submitted for transforaminal and caudal epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right-sided L5-S1 transforaminal and caudal epidural steroid injections: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Epidural steroid injections, therapeutic.

Decision rationale: The MTUS notes the following 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. In this case the most recent lumbar MRI does not document disc bulges or protrusions and there is no electrodiagnostic testing to corroborate the radicular complaints. The request for interlaminar L4-5 epidural steroid injection is not supported by the MTUS guidelines and is not medically necessary. The MTUS recommends epidural steroid injections as a possible option for short-term treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts. Not recommended for spinal stenosis or for nonspecific low back pain. The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. In the diagnostic phase a repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). In the therapeutic phase, if after the initial block/blocks are given and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. This is generally referred to as the therapeutic phase. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. The ODG guidelines suggest that there may be a preference for a transforaminal approach as the technique allows for delivery of medication at the target tissue site, and an advantage for transforaminal injections in herniated nucleus pulposus over translaminar or caudal injections has been suggested in the best available studies. (Riew, 2000) (Vad, 2002) (Young, 2007) This approach may be particularly helpful in patients with large disc herniations, foraminal stenosis, and lateral disc herniations. (Colorado, 2001) (ICSI, 2004) (McLain, 2005) (Wilson-MacDonald, 2005) Two recent RCTs of caudal injections had different conclusions. This study concluded that caudal injections demonstrated 50% pain relief in 70% of the patients, but required an average of 3-4 procedures per year. (Manchikanti, 2011) This higher quality study concluded that caudal injections are not recommended for chronic lumbar radiculopathy. (Iversen, 2011) Transforaminal epidural steroid injections, despite being generally regarded as superior to interlaminar injections, are not significantly better in

providing pain relief or functional improvement, according to a new systematic review. (Chien, 2014) In this case the medical records do provide documentation 60-70% pain relief and functional improvement for several months with the initial epidural steroid injection and caudal epidural steroid injection on 9/24/15. Radiculopathy has been be corroborated by imaging studies and electrodiagnostic testing. The Utilization Review on 6/11/15 did approve the right transforaminal epidural steroid injections but did not certify the caudal injection. Given the considerable pain relief and functional improvement associated with the combination injections, it is reasonable to approve the request for right-sided L5-S1 transforaminal and caudal epidural steroid injections is medically necessary.