

Case Number:	CM15-0113689		
Date Assigned:	06/22/2015	Date of Injury:	09/16/2004
Decision Date:	07/21/2015	UR Denial Date:	05/15/2015
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: 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 65 year old female, who sustained an industrial injury on 9/16/14. She reported initial complaints of back and leg symptoms. The injured worker was diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc; thoracic or lumbosacral neuritis or radiculitis unspecified; pain in joint, multiple sites; myalgia and myositis unspecified; spasm of muscle; long-term use of other medications; myasthenia gravis. Treatment to date has included multiple left-sided L4 transforaminal epidural steroid injections; urine drug screening; medications. Diagnostics included EMG/NCV (2008); MRI lumbar spine (8/27/08). Currently, the PR-2 notes dated 5/8/15 indicated the request for an aright-sided L5 transforaminal epidural steroid injections shoulder have been for the "left". He wishes to make that correction. This is confirmed by his documentation of an EMG from 2008 noting left-sided and MRI showing left L4-L5 stenosis and/or compression of 2008. He also documents he would like to avoid corticosteroid injections and notes the injured worker has already been exposed to corticosteroids as a treatment for her myasthenia gravis. The provider documents in this note, the injured worker complained of her pain is worse and her functioning is decreasing. He finds no other options but to continue with the injections. The risk of her becoming weaker, more debilitated and more depressed will outweigh the intermittent corticosteroid exposure. He also discusses the ongoing use of opioids as these increase her range of motion, or consistent exercise, more active while on the medications. The issue of "inconsistent" UDS noting no benzodiazepine was found in one of the urine testing. The injured worker has been encouraged to no use her benzodiazepines on a regular basis. The injured worker has a surgical history of a status post left laminectomy L4-5

1/26/06. The provider has requested authorization for a Left L5 transforaminal epidural steroid injection with fluoroscopic guidance and sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5 transforaminal epidural steroid injection with fluoroscopic guidance and sedation:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection 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 there by 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.