

Case Number:	CM15-0117125		
Date Assigned:	06/25/2015	Date of Injury:	09/16/2009
Decision Date:	07/24/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/17/2015

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: California
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 male, who sustained an industrial injury on 09/16/2009. The injured worker reported back pain that radiates to bilateral lower extremities as a result of trying to pick up a lawn mower. On provider visit dated 05/12/2015 the injured worker has reported neck pains that radiates down right upper extremity and low back pain. On examination of the lumbar spine revealed spasm in the paraspinous musculature and tenderness upon palpation in the spinal vertebral area. Range of motion was moderately limited due to pain. Straight leg raise was noted positive bilaterally. Right shoulder was noted to have tenderness to palpation and a decreased range of motion due to pain. The diagnoses have included chronic pain - other, lumbar radiculopathy and right shoulder pain. Treatment to date has included lumbar epidural injections and medication. The provider requested Right and Left Lumbar L5-S1 (lumbosacral) Interlaminar Epidural under Fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar L5-S1 (lumbosacral) Interlaminar Epidural under Fluoroscopy Qty 1:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of epidural steroid injections (ESIs). Criteria for the use of Epidural steroid injections are as follows: 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. In this case, the records indicate that the patient does have radicular symptoms for which ESIs are appropriate. However, the records also indicate that the patient has received prior ESIs. As noted in criteria #7, use of 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. There is insufficient documentation in the record in support of this specific criteria. There is no evidence that the prior ESI resulted in pain and functional improvement and a reduction in medication use. For this reason, a right lumbar L5-S1 interlaminar epidural under fluoroscopy is not medically necessary.

Left Lumbar L5-S1 (lumbosacral) Interlaminar Epidural under Fluoroscopy Qty 1:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of epidural steroid injections (ESIs). Criteria for the use of Epidural steroid injections are as follows: 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. In this case, the records indicate that the patient does have radicular symptoms for which ESIs are appropriate. However, the records also indicate that the patient has received prior ESIs. As noted in criteria #7, use of 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. There is insufficient documentation in the record in support of this specific criteria. There is no evidence that the prior ESI resulted in pain and functional improvement and a reduction in medication use. For this reason, a left lumbar L5-S1 interlaminar epidural under fluoroscopy is not medically necessary.