

Case Number:	CM15-0117544		
Date Assigned:	06/25/2015	Date of Injury:	04/23/2003
Decision Date:	07/24/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/18/2015

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: Arizona, 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 66 year old male who reported an industrial injury on 4/23/2003. His diagnoses, and/or impressions, are noted to include: low back pain with abnormal magnetic resonance imaging studies of the lumbar spine in 5/2012; and bilateral lumbar radiculopathy. No current imaging studies were noted. His treatments were noted to include injection therapy with 50% improvement in pain (over 1 year prior); and medication management. The progress notes of 5/13/2015 reported a follow-up visit for complaints of radiating lower back pain down the bilateral posterior legs, associated with tingling, worsened by walking, and relieved by medications. Objective findings were noted to include that he continues to work without restrictions, but in a different work position from pre-injury; a slightly forward gait; some pain with heel walk and toe rise; and tenderness at the lumbar spine and bilateral para-lumbar musculature with painful and decreased range-of-motion. It was noted that he is not a surgical candidate. The physician's requests for treatments were noted to include bilateral lumbar epidural corticosteroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 epidural corticosteroid injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

Decision rationale: According to the guidelines, the 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 claimant had received an ESI 1 yr prior with 50% improvement. However, recent exam findings do not note any radicular signs. In addition, the MRI in 2012 did not show significant or involvement. The request for another ESI is not justified and not medically necessary.