

Case Number:	CM15-0119795		
Date Assigned:	06/30/2015	Date of Injury:	07/08/1993
Decision Date:	07/29/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/22/2015

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 51 year old female who reported an industrial injury on 7/8/1993. Her diagnoses, and/or impressions, are noted to include: lumbar disc degeneration with lumbar radiculopathy, status-post 2 lumbar fusion surgeries (1999 & 2001). Recent magnetic imaging studies of the thoracic spine were noted on 1/1/2015. Her treatments have included diagnostic studies; an effective spinal cord stimulator trial (4/15-21/15) with leads removed 4/21/15 to assess pain relief; effective lumbar epidural steroid injections; medication management with toxicology screenings; and rest from work. The progress notes of 6/5/2015 noted reported improvement in her back and an increase in lifting weights and performing core strengthening exercises since her previous visit, but also continued low back pain with radiation to the bilateral lower extremities, right > left, with numbness/tingling, and that is improved with medications which have improved her functionality and given her life back. Objective findings were noted to include: no acute distress; spasms with guarding of the lumbar spine; and notation that the previous lumbar epidural steroid injections provided her with 40-50% relief of her radicular symptoms x 6-8 months, and that she requested repeated lumbar epidural steroid injections. The physician's requests for treatments were noted to include diagnostic lumbar epidural steroid injections under intra-venous sedation and fluoroscopic guidance after deciding she was not ready to proceed with a permanent spinal cord stimulator implantation.

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 L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 had previous ESI with a 50% reduction in radicular symptoms lasting 6-8 months. However, there is not a documented reduction in medication or improvement in function. Therefore all criteria for repeat ESI have not been met and the request is not medically necessary.

Lumbar epidurogram with fluoroscopic guidance and IV sedation for diagnosis of degeneration lumbar (low back) sacral (buttocks) as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

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