

Case Number:	CM15-0122711		
Date Assigned:	07/07/2015	Date of Injury:	05/06/2004
Decision Date:	08/10/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/25/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 63 year old male who sustained an industrial /work injury on 5/6/04. He reported an initial complaint of low back pain. The injured worker was diagnosed as having lumbar fusion, intractable lumbar pain, lumbar radiculopathy, chronic cervical pain, cervical radiculopathy, bilateral shoulder tendinosis with impingement on right, bilateral knee tendinosis, and depression. Treatment to date includes medication, surgery (lumbar spine surgery 1/15/08, left knee revision 2013, left total knee replacement on 8/2014), aquatic therapy, exercises, acupuncture, lumbar steroid injections. MRI results were reported on 11/5/12. Currently, the injured worker complained of ongoing low back pain and stiffness with radiation to both hips, buttocks, and both lower extremities to feet with numbness and tingling. There was ongoing neck pain and stiffness that radiated into the shoulders as well as pain in the right hand and wrist. Additionally, there was ongoing pain in the bilateral knees with popping, clicking, and grinding with motion. There was burning pain in the right ankle and foot. Per the secondary physician's pain management report on 4/21/15, cervical spine exam noted there was tenderness to palpation over paravertebral, trapezius, deltoid, rhomboids with moderate spasm, tenderness over the paraspinous muscles. There was mild limited range of motion to shoulders with tenderness over the shoulder joint bilaterally with positive impingement sign on right. Elbow exam notes tenderness over entire joint. Lumbar exam notes tenderness over the lumbar paravertebral area with moderate spasm noted with limited range of motion, gait was antalgic. The requested treatments include caudal lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections.

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

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 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. I respectfully disagree with the UR physician's assertion that conservative methods were not completed, the documentation submitted for review does indicate that the injured worker underwent physical therapy in the past, which only provided temporary relief. It is noted that his pain radiates to both hips, buttocks, and lower extremities to the feet with numbness, tingling, and weakness. There was generalized weakness documented about the lower extremities 4/5. Sensation deficit was noted about the L5 and S1 distribution. Therefore, meeting the definition of radiculopathy. It was noted that the injured worker did well with epidural steroid injection in the past. Unfortunately, there was no documentation of MRI or EMG results, and no documentation of previous ESI results. As such, medical necessity cannot be affirmed. Therefore, the request is not medically necessary.