

Case Number:	CM15-0124068		
Date Assigned:	07/08/2015	Date of Injury:	11/02/2010
Decision Date:	08/25/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/26/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 (IW) is a 41 year old male who sustained an industrial injury on 11/02/2010. He reported falling about eight feet to the ground onto his left side and injuring his right wrist and left ankle. The injured worker was diagnosed as having: Disc herniation, lumbar spine-Carpal tunnel syndrome right wrist. Treatment to date has included carpal tunnel surgery, physical therapy, medications, and heat and cold. Currently, the injured worker complains of constant achy pain rated at the level of 8 on a scale of 0-10. Pain increases when getting up from a sitting position. He reports radicular symptoms bilateral. The right wrist has constant dull pain, presently at a 5 on a scale of 0-10. On exam, there is pain in the lumbosacral spine at L4-S1, bilateral pain at the posterior superior iliac spine and bilateral paravertebral muscle. On the right wrist, the worker reports the tingling is gone. Scars are healed and worker is able to make a full fist. A request for authorization was made for the following: 1. Outpatient epidural steroid injection to the lumbar spine, unspecified level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient epidural steroid injection to the lumbar spine, unspecified level: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic.

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)... Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." MTUS further defines the criteria for epidural steroid injections to include: 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." Radiculopathy does appear to be documented with imaging studies, which is required by the above guidelines. Additionally, the treating physician has not provided the levels or number of injections being requested, which is necessary for approval. As such, the request for Outpatient epidural steroid injection to the lumbar spine, unspecified level is not medically necessary.