

Case Number:	CM15-0125227		
Date Assigned:	07/16/2015	Date of Injury:	02/03/2004
Decision Date:	08/17/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/29/2015

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:

This injured worker is a 52-year-old female who reported an industrial injury on 2/3/2004. Her diagnoses, and or impression, were noted to include long-term use of medications; cervical disc displacement without myelopathy; and lumbar disc displacement without myelopathy. No current electro diagnostic or imaging studies were noted. Her treatments were noted to include diagnostic studies; psychiatric evaluation/treatments; epidural steroid injection therapy - effective; medication management; and rest from work. The progress notes of 6/8/2015 reported complaints of long-standing neck pain. Objective findings were noted to include depression, and crying throughout the examination; reported fever with severe fatigue, headaches, blurred vision, neck pain, gastrointestinal complaints, and of depression; decreased left wrist extension; decreased sensation in the left lumbar-5 dermatome with positive left straight leg raise, and noted spasms, with guarding, at the lumbar spine. The physician's requests for treatments were noted to lumbar epidural steroid injections with fluoroscopic guidance lumbar epidurogram, and intravenous sedation.

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 L5 & S1, with IV sedation, each additional level x 2:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 electro diagnostic 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 researches do not support "series-of-three" injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections. The documentation submitted for review indicates that the injured worker previously underwent lumbar epidural steroid injection and epidurogram at left L5 and S1. Follow up report dated 2/13/15 indicated that the injured worker had lumbar transforaminal epidural steroid injection 2/12/15 and reported benefit. Specific quantified measure of pain relief and associated reduction of medication use for six to eight weeks was not documented. Absent such, the medical necessity of repeat block cannot be affirmed. Furthermore, if the request is for 2 additional injections, the guidelines do not support a "series- of-three" injections. This request is not medically necessary.