

Case Number:	CM15-0127126		
Date Assigned:	07/13/2015	Date of Injury:	05/10/2011
Decision Date:	08/14/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/01/2015

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 is a 56 year old male with a May 10, 2011 date of injury. A progress note dated May 29, 2015 documents subjective complaints (persistent lower back pain with ongoing symptoms, predominantly of the low back and right foot; pain rated at a level of 5-7/10; numbness and tingling in the low back and bilateral lower limbs; mobility has decreased by 50% in standing and walking tolerances because of the pain), objective findings (decreased range of motion of the lumbar spine; decreased sensation to light touch in the bilateral median calves; bilateral extensor hallucis longus weakness), and current diagnoses (chronic pain syndrome; lumbar spondylosis without myelopathy; post laminectomy syndrome; bilateral L5 radiculopathy). Treatments to date have included epidural steroid injection, which decreased pain by 80% for three to four months. The treating physician documented a plan of care that included bilateral L5 epidural corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 epidural corticosteroid injection: Upheld

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

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. The documentation submitted for review does not contain imaging studies corroborating findings of radiculopathy. Bilateral EHL weakness was noted at 4/5, and decreased sensation to light touch in the bilateral medial calves. It was noted that in 1/2015 the injured worker had bilateral L5 epidural steroid injections which decreased his pain by 80% for more than three months. He was able to maintain function, stand, and go to school because of it. However, the documentation does not denote an associated reduction in medication use. As criteria 7 above is not met, the request is not medically necessary.