

Case Number:	CM15-0171381		
Date Assigned:	09/11/2015	Date of Injury:	11/24/2009
Decision Date:	10/14/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/31/2015

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 45 year old male injured worker suffered an industrial injury on 11-24-2009. The diagnoses included spinal cord stimulator, failed back surgery syndrome, bilateral decompressive lumbar laminectomy, possible migration of spinal cord stimulator leads and, right lumbar radiculitis and sciatica and chronic myofascial pain syndrome. On 7-23-2015 the treating provider reported very good pain relief and decreased burning sensations after reprogramming stimulator, but currently he had muscle cramps and spasms in the left leg. He had radicular pain in the legs, left more than right with tingling numbness and paresthesia. He rated the pain 3 to 4 out of 10. On exam there was increased lumbar lordosis and improved lumbar range of motion. There was muscle spasms and tenderness in the lumbar facets. There was diminished sensation of the left leg. There was positive straight leg raise. The provide reported that has he had some burning pain in the left leg he would benefit from a left Sided L5, S1 Transforaminal and Caudal Epidural Steroid Injections. Prior treatments included functional restoration program, 2 epidural steroid injections with unclear results 2-2-2011 and 4-27-2011 and medication. The injured worker had not returned to work. The Utilization Review on 7-31-2015 determined non-certification/ modification for Left Sided L5, S1 Transforaminal and Caudal Epidural Steroid Injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Sided L5, S1 Transforaminal and Caudal Epidural Steroid Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

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. 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 provided clinical documentation for review does not show previous ESI produced 50 % reduction in pain lasting 6-8 weeks with decrease in medication usage. Therefore the request is not medically necessary.