

Case Number:	CM15-0171832		
Date Assigned:	09/14/2015	Date of Injury:	02/12/1998
Decision Date:	10/13/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/01/2015

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: 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 injured worker is a 52 year old male, who sustained an industrial injury on February 12, 1998. Here reported an injury to his low back with radiation of pain into the bilateral lower extremities. On July 27, 2015 the injured worker reported that he had completed aquatic therapy and had no particular pain relief. He reported that he has lumbar discogenic disease at L4-L5 and L5-S1. His lumbar spine pain is identified as his worst pain and the aqua therapy did not help. His current medication regimen includes cyclobenzaprine, naproxen, omeprazole, gabapentin, tramadol, amitriptyline and lisinopril. The evaluating physician noted that the injured worker's physical examination was unchanged from his June 22, 2015 evaluation. The evaluating physician noted that an MRI of the lumbar spine revealed bulging disks at L2-L3 and L4-L5 and laminectomy oat L4-5 and L5-S1. He has thecal sac deviation at L4-L5 and L5-S1 along with enlarged discs at L2-L3. The injured worker was diagnosed as having lumbar discogenic disease at L2-L3, L4-L5, and L5-S1 significant with radicular findings. Treatment to date has included lumbar laminectomy with resection of L4-L5 and L5-S1, post-operative physical therapy, aquatic therapy, NSAIDS and opioid medications. A request for epidural steroid injection at L5-S1 followed by L4-L5 under fluoroscopy between 8/26/2015 and 2/22/2016 was received on August 25, 2015. The Utilization Review physician determined on August 27, 2015 that 2 Epidural Steroid Injections L5-S1 followed by L4-L5 under fluoroscopy between 8/26/2015 and 2/22/2016 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) ESI: L5-S1 followed by L4-L5, under fluoroscopy: 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. (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 patient has the documentation of back pain however there is no included imaging or nerve conduction studies in the clinical documentation provided for review that collaborates dermatomal radiculopathy found on exam for the requested level of ESI. Therefore, criteria have not been met and the request is not medically necessary.