

Case Number:	CM15-0173864		
Date Assigned:	09/15/2015	Date of Injury:	05/17/1994
Decision Date:	10/23/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/03/2015

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:

The injured worker is a 70 year old male, who sustained an industrial injury on 05-17-1994. He has reported subsequent low back pain and was diagnosed with lumbar radiculopathy, lumbar spondylosis and spinal stenosis of the lumbar region. MRI of the lumbar spine dated 08-12-2014 was noted to show severe stenosis and L4-L5 synovial cyst. Treatment to date has included oral pain medication and 40+ sessions of chiropractic care which were noted to have failed to significantly relieve the pain. There were few medical records submitted. In a progress note dated 08-12-2015 the injured worker reported worsening low back pain radiating to the lateral thigh, lateral bilateral calves, right greater than left and radiating to the anterior thigh and anterior tibia into the bilateral feet, right greater than left that was rated as 8 out of 10. Objective examination findings were notable for a right antalgic gait, inspection of the lumbar spine revealed a well-healed midline incision and lumbar-lumbosacral spine examination showed "normal neurodynamic tests; straight leg raising test right leg; limited at 40 degrees by stiffness". No further neurological or musculoskeletal examination findings were documented. The physician noted that the injured worker was having ongoing radicular pain on the right consistent with findings of MRI of the lumbar spine that showed severe stenosis and synovial cyst at L4 and L5, and that surgical decompression was recommended if injection therapy was not successful. A request for authorization of epidural injection right L5-S1 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Injection Right L5-S1: 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: 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. MRI of the lumbar spine dated 8/12/14 was noted to show severe stenosis and L4-L5 synovial cyst. The documentation submitted for review does not contain physical exam findings of radiculopathy. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented, so medical necessity is not affirmed. As the first criteria is not met, the request is not medically necessary.