

Case Number:	CM15-0174584		
Date Assigned:	09/16/2015	Date of Injury:	03/25/2015
Decision Date:	10/23/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/04/2015

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 40 year old male, who sustained an industrial injury on 3-25-2015. The medical records indicate that the injured worker is undergoing treatment for low back pain and lumbar strain. According to the progress report dated 4-27-2015, the injured worker complains of increasing low back pain. The pain is rated 9 out of 10 on a subjective pain scale. The report did not document a detailed physical examination with objective findings. The current medications are Norco and Ibuprofen. Treatment to date has included medication management, x-ray, physical therapy, and MRI studies. MRI from 4-23-2015 showed a 2-3 millimeter disc protrusion at L1-2, extending into the left neural foraminal exit zone, disc desiccation and degeneration are present at L3-4 with a 2-3 disc protrusion, extending into the left neural foraminal exit zone, and facet degeneration noted at L5-S1. Work status is described as modified. The original utilization review (8-19-2015) had modified a request for one-level intralaminar lumbar epidural steroid injection (original request was for lumbar epidural steroid injection with fluoroscopy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection with 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: 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" of injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Per the medical records, sensation was diminished over the left foot compared to the right foot. Sensation was decreased to light touch over the left lateral thigh compared to the right. Sitting SLR was positive on the left for increased back and left leg pain. Strength was intact, and reflexes symmetrical. MRI of the lumbar spine dated 4/23/15 revealed a 2-3mm disc protrusion at L1-L2 extending into the left neural foraminal exit zone, disc desiccation and degeneration are present at L3-L4 with a 2-3mm disc protrusion extending into the left neural foraminal exit zone, and facet degeneration noted at L5-S1. As the request does not specify the requested level, medical necessity cannot be affirmed.