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| Case Number: | CM15-0175084 | | |
| Date Assigned: | 09/16/2015 | Date of Injury: | 01/06/2009 |
| Decision Date: | 10/19/2015 | UR Denial Date: | 08/05/2015 |
| 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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(n) 34 year old male, who sustained an industrial injury on 1-6-09. The injured worker was diagnosed as having right lumbar radiculitis, low back pain, left paracentral 2mm disc protrusion at L3-L4 and a 3mm posterior disc bulge at L4-L5. The physical exam (2-25-15 through 4-28-15) revealed lumbar flexion was 80 degrees, extension was 25-30 degrees and tenderness to palpation in the right sacroiliac joint. Treatment to date has included an EMG-NCS on 12-22-14 showing chronic L5 nerve root irritation on the right, a right L4-L5 epidural injection on 2-12-15 and 4-9-15, a home exercise program and Naproxen. As of the PR2 dated 7-30-15, the injured worker reports frequent aching pain on the right of the lumbosacral spine that radiates down the right lower extremity. Objective findings include lumbar flexion 60 degrees, extension 25 degrees and a positive straight leg raise test bilaterally. The treating physician requested a third lumbar epidural steroid injection at L3-L4 and L4-L5. On 7-30-15, the treating physician requested a Utilization Review for a third lumbar epidural steroid injection at L3-L4 and L4-L5. The Utilization Review dated 8-5-15, non-certified the request for a third lumbar epidural steroid injection at L3-L4 and L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Third lumbar epidural steroid injection L3-L4, L4-5: 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: This 34 year old male has complained of low back pain since date of injury 1/6/2009. He has been treated with epidural steroid injections (02/2015, 04/2015), physical therapy and medications. The current request is for an epidural steroid injection, # 3 at L3-4, L4-5. Per the MTUS guidelines cited above epidural corticosteroid injections are recommended as an option for the treatment of radicular pain when the specific following criteria are met: 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 current request does not meet criteria (8) that is, current research does not support a series of three injections in either the diagnostic or therapeutic phase and generally no more than 2 ESI injections are recommended. On the basis of the available medical records and per the MTUS guidelines cited above, third lumbar epidural steroid injection L3-4, L4-5 is not indicated as medically necessary.