

Case Number:	CM15-0177644		
Date Assigned:	09/18/2015	Date of Injury:	12/10/1997
Decision Date:	10/21/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/09/2015

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 62 year old female who sustained an industrial injury on 12-10-1997. A review of medical records indicated the injured worker is being treated for exacerbated lumbar pain, lumbar radiculopathy, lumbar disc protrusion, right shoulder tendinosis, possible thoracic outlet syndrome on the right, and right elbow epicondylitis. Medical records dated 7-15-2015 note low back pain and rates her pain an 8 out of 10. Pain on 6-10-2015 rated her pain an 8 out 10. Physical examination noted tenderness of the lumbar spine with decreased range of motion especially in flexion and extension. Straight leg raise caused significant back pain. There was decreased sensation over the L5 and S1 distribution. Treatment has included medications. MRI of the lumbar spine dated 1-28-2013 revealed degenerative changes throughout the lumbar spine characterized by disc desiccation and facet disease, which was more conspicuous at L5-S1 level with a 3mm broad based asymmetric disc protrusion at this level which causes minimal narrowing of the exiting portion of bilateral nerves from the neural foramina. No evidence of canal stenosis noted. Utilization review form dated 8-27-2015 noncertified 1 lumbar spine epidural injection L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Epidural Injection, L5-S1 (sacroliac): Overturned

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 with radiculopathy and collaboration with imaging/EMG studies. Therefore the request is medically necessary.