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| Case Number: | CM15-0064264 | | |
| Date Assigned: | 04/10/2015 | Date of Injury: | 06/14/2006 |
| Decision Date: | 05/12/2015 | UR Denial Date: | 03/11/2015 |
| Priority: | Standard | Application Received: | 04/03/2015 |

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: Florida

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:

This 58 year old male sustained an industrial injury to the low back on 6/14/06. Previous treatment included magnetic resonance imaging, lumbar fusion, physical therapy, ice/heat, functional restoration program and medications. In a PR-2 dated 3/3/15, the injured worker complained of low back pain with radiation to the left hip. The injured worker had missed 1.5 weeks of the functional restoration program but had been scheduled for makeup classes. Physical exam was remarkable for pain with oblique extension of the low back bilaterally, decreased lumbar spine range of motion, 5/5 motor strength to bilateral lower extremities with decreased sensation at the L3, L4 and S1 distributions and positive left straight leg raise. Current diagnoses included chronic pain syndrome, status post L5-S1 global fusion, failed lumbar surgery, lumbar facet arthropathy, lumbar spine degenerative disc disease, lumbar spine radiculopathy, depression and deconditioning. The treatment plan included continuing the functional restoration program, medication (Norco) and a L4-5 interlaminar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 IL Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 80.

Decision rationale: 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) 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. Regarding this patient's case, MTUS guidelines are not satisfied as decreased sensation is documented by physical examination, but it is not corroborated by recent imaging studies and/or electrodiagnostic testing. Likewise, this request is not medically necessary.