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| Case Number: | CM15-0072079 | | |
| Date Assigned: | 04/22/2015 | Date of Injury: | 08/27/2013 |
| Decision Date: | 05/20/2015 | UR Denial Date: | 03/16/2015 |
| Priority: | Standard | Application Received: | 04/15/2015 |

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: Ohio, North Carolina, Virginia
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 53-year-old male, who sustained an industrial injury on 8/27/2013. He reported injuring his right shoulder and low back after falling. Diagnoses have included L5-S1 isthemic spondylolisthesis and aggravated back pain with recent onset right L5 radiculopathy. Treatment to date has included magnetic resonance imaging (MRI), lumbar fusion, physical therapy, right S1 injection and medication. According to the progress report dated 2/24/2015, the injured worker complained of low back pain. He reported pain radiating into his right lower extremity for the past few weeks. Physical exam revealed midline tenderness to palpation of the lumbar spine at the surgical site and tenderness at L5-S1. Authorization was requested for a right L5 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5 epidural steroid injection, per 02/24/15 order: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

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) 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. In this instance, the injured worker had right sided epidural steroid injections at L5 and S1 on 10-24-2014. Documentation could not be found in terms of percentage pain relief following the injections and for what period of time. The physician's note from 2-24-2015 requests a right L5 epidural steroid injection. The physical examination from that day documents a normal lower extremity neurologic exam. The criteria for epidural steroid injection require documentation of radiculopathy findings on physical exam. Therefore, a right L5 epidural steroid injection is not medically necessary in view of the submitted medical record and with reference to the cited guidelines.