

Case Number:	CM15-0073072		
Date Assigned:	04/23/2015	Date of Injury:	05/04/2012
Decision Date:	05/28/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/16/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal Medicine

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 38 year old male who sustained an industrial injury on 05/04/2012. Diagnoses include chronic pain, lumbar spondylosis and degeneration of lumbar intervertebral disc. Treatment to date has included diagnostic studies, medications, activity modifications, and lumbar epidural steroid injections which resulted in a greater than 50% pain relief for more than 6 months. A physician progress note dated 03/24/2015 documents the injured worker has lumbar/lumbosacral pain bilaterally with radiation of pain to both lower extremities. There is numbness in both lower extremities. He has tenderness to palpation over the paraspinal muscles overlying the facet joints and 1+ muscle spasm noted over the lower paraspinal. Treatment requested is for Lumbar steroid injection L3-L4 low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar steroid injection L3-L4 low back: Overturned

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 9792.20-.26 Page(s): 46.

Decision rationale: Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Criteria for the use of ESI is 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDS, and muscle relaxants). Injections should be performed using fluoroscopy 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. 5) No more than two nerve root levels 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. 8) Current research does not support a 'series-of-three' injections in either the diagnostic or therapeutic phase. In this case the patient has radicular low back pain. The physical exam shows neurological deficit indicating disease at the L3-4 level which has been corroborated by MRI of the lumbar spine. The previous ESI of the lumbar spine resulted in >50% of pain relief. The patient has met criteria for a second ESI of the lumbar spine. The request is medically necessary.