

Case Number:	CM15-0075259		
Date Assigned:	04/27/2015	Date of Injury:	09/18/2013
Decision Date:	05/22/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/20/2015

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, California
 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 39-year-old male, who sustained an industrial injury on September 18, 2013. He reported low back pain with numbness and tingling into the right buttock and posterior thigh. The injured worker was diagnosed as having lumbar 5-sacral 1 disc herniation and lumbar back pain. Diagnostics to date has included an MRI. Treatment to date has included work modifications, physical therapy, chiropractic therapy, home exercise program, and medications including pain, anti-epilepsy, muscle relaxant, and non-steroidal anti-inflammatory. On February 26, 2015, the injured worker complains of ongoing severe back pain with pain in the bilateral upper legs. The physical exam revealed bilateral paraspinal muscles tenderness of the back, is fingers to the mid shin, mildly decreased extension, negative straight leg raise, symmetric and equal deep tendon reflexes, normal toe rise, and normal heel gait. The treatment plan includes an epidural steroid injection. The requested treatment is a lumbar epidural steroid injection bilateral lumbar 4-5 and lumbar 5-sacral 1 spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection Bilateral L4-5, L5-S1 spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

Decision rationale: According to the guidelines, the 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 progress note on 2/26/15 showed no radicular findings on neurological exam. The request for an ESI does not meet the criteria above. In addition, the ACOEM guidelines do not recommended ESI due to its short-term benefit. The request for a lumbar ESI is not medically necessary.