

Case Number:	CM15-0076798		
Date Assigned:	04/28/2015	Date of Injury:	03/16/2007
Decision Date:	05/26/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/22/2015

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 46-year-old female, who sustained an industrial injury on 3/16/2007. She reported a trip and fall, landing on her hands and knees. The injured worker was diagnosed as having status post L4-S1 transforaminal lumbar interbody fusion in 2012, status post right L4-5 hemilaminotomy and microdiscectomy in 2011, status post left arthroscopic left knee surgery in 7/2013, cervical spondylosis, and hypertension. Treatment to date has included diagnostics, lumbar epidural steroid injections (most recent 2/20/2015), multiple lumbar spinal surgeries, bilateral knee surgeries, and medications. On 2/12/2015, the injured worker reported chronic low back and leg pain, with associated weakness, numbness and tingling in the legs and feet, foot drop (right greater than left), and bowel/bladder dysfunction. She was not working and reported poor sleep quality. Her work status was total temporary disability. Pain was not rated and medications included Soma, Norco, Xanax, and Ambien. On 3/30/2015, the injured worker complained of significant back pain (not rated) worse with repetitive motion. She reported left knee giving out and bilateral hand numbness over the last months. She was given trigger point injections into the cervical and lumbar spine regions and noticed reduced pain immediately following the procedure. The treatment plan included physical therapy and a repeat lumbar epidural steroid injection, noting significant benefit for the first injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural injection 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. In this case, the claimant had an ESI 1 month prior. Although the claimant had benefit from the 1st ESI, not enough time has lapsed to determine lasting benefit. The request for an ESI is not medically necessary at the time of request.