

Case Number:	CM15-0077903		
Date Assigned:	04/29/2015	Date of Injury:	12/08/2012
Decision Date:	05/26/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/23/2015

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 56 year old female who sustained an industrial injury on 12/08/2012. Diagnoses include degenerative lumbar and lumbosacral intervertebral disc, chronic pain syndrome, and unspecified myalgia and myositis. Treatment to date has included diagnostic studies, medications, epidural steroid injections, physical therapy, aquatic therapy, chiropractic treatments, acupuncture, massage, use of a cane, and ice. A physician progress note dated 03/19/2015 documents the injured worker complains of low back, and bilateral knee pain. She rates her pain as a 10 on a scale of 1-10. She has pain 100% of the time. She experiences neck pain and stiffness, headaches, shoulder pain, low back pain and muscle weakness. She has difficulties with activities of daily living. She uses a cane for ambulation. Straight leg Raising is positive on the left at 30 degrees. Cervical and thoracic is remarkable for moderately myofascial pain over the trapezius rhomboid and latissimus dorsi muscles. Lumbar spine is remarkable for bilateral L4-L5 and L5-S1 overlying facet joint tenderness. On her current medication regimen she continues to manage her overall pain to a fair level with no side effects. She has had over 50% relief with acupuncture. Goals are to continue to maintain or increase functionality, improve overall mood, sleep and quality of life without having to continually increase medication. The treatment plan is for medications, acupuncture and epidural injections. Treatment requested is for left selective epidural injections at L4-5, L5-S1 under fluoroscopy guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Selective Epidural Injections at L4-5, L5-S1 Under Fluoroscopy Guidance:
Overturned

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 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. In this case, the claimant had radicular symptoms and prior EMG studies in 2013 indicating S1 radiculopathy. The request is appropriate to manage chronic pain and is medically necessary.