

Case Number:	CM15-0078220		
Date Assigned:	04/29/2015	Date of Injury:	05/23/2006
Decision Date:	05/28/2015	UR Denial Date:	04/14/2015
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:

This 66 year old male sustained an industrial injury to the back, bilateral shoulders, bilateral upper extremities and knee on 5/23/06. Previous treatment included magnetic resonance imaging, physical therapy, acupuncture, injections, epidural steroid injections and medications. In a progress note dated 3/31/15, the injured worker reported that last year's epidural steroid injection provided excellent pain relief and function but that the back and leg pain had returned bilaterally. The injured worker was requesting a three level epidural steroid injection for pain control. Physical exam was remarkable for tenderness to palpation across the low back with limited active range of motion, positive bilateral straight leg raise, decreased sensation at the L4, L5 and S1 distributions and decreased reflex of bilateral ankles. Current diagnoses included degenerative spinal stenosis with sciatica currently responding to epidural steroid injections. The treatment plan included epidural steroid injections at L4, L5 and S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral epidural injection L4, L5 and S1 under fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. Although, the claimant benefitted from prior ESI, had radicular findings and x-ray with canal narrowing, the request for 3 level injections exceeds the amount recommended by the guidelines. In addition, the ACOEMN guidelines do not recommend ESI due to short term benefit. The ESI request above is not medically necessary.