

Case Number:	CM15-0078926		
Date Assigned:	04/30/2015	Date of Injury:	12/08/2004
Decision Date:	05/29/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/24/2015

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: Ohio, North Carolina, Virginia
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 81 year old female, who sustained an industrial injury on 12/08/2004. Diagnoses include cervical spondylosis without myelopathy, primary localized osteoarthritis, displacement lumbar intervertebral disc without myelopathy, lumbosacral spondylosis without myelopathy, and thoracic/lumbosacral neuritis/radiculitis. Treatment to date has included epidural steroid injections, medications and diagnostics. Per the Primary Treating Physician's Progress Report dated 3/24/2015, the injured worker reported pain in the low back with radiation to the bilateral lower extremity. The pain is rated as 7/10. Physical examination revealed positive straight leg raise on the right at 45 degrees L5 myotomal distribution. The plan of care included continuation of prescribed medications and epidural steroid injection and authorization was requested for lumbar spine epidural steroid injection at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine, Epidural Steroid Injection - L4-L5, L5-S1 (lumbar, sacroiliac): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: 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 instance, the injured worker has had 2 previous sets of lumbar epidural steroid injections, presumably at the L4-L5 and L5-S1 levels. She obtained 50% relief for 2 weeks or more in each instance. The most current physical exam submitted describes a straight leg raise test on the right at 45 degrees radiating to L5 myotome. Otherwise, lower extremity strength and reflexes were symmetric. The referenced guidelines require documentation of radiculopathy by physical examination. The available physical examination therefore supports an epidural steroid injection at the L5-S1 level, but not the L4-L5 level. Because the request for a 2 level injection was submitted co-jointly, lumbar epidural steroid injections at L4-L5 and L5-S1 are not medically necessary and appropriate with reference to the cited guidelines.