

Case Number:	CM15-0079058		
Date Assigned:	04/30/2015	Date of Injury:	04/03/2008
Decision Date:	06/04/2015	UR Denial Date:	04/01/2015
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: New York
 Certification(s)/Specialty: Internal Medicine

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 44-year-old male who reported an industrial injury on 4/3/2008. His diagnoses, and/or impressions, are noted to include status-post lumbar laminectomy and discectomy (5/22/08), and lumbar fusion (2009); lumbar radiculopathy; intractable low back pain; and morbid obesity. No current imaging studies are noted. His treatments have included surgery; multiple ultrasound guided cannulation transforaminal epidural steroid/anesthetic injection therapy - (latest on 2/13/15); physical therapy; urine toxicology screenings; medication management; and modified work duties. The progress notes of 3/11/2015 noted a follow-up visit with current complaints of moderate left low back pain, and moderate-severe right low back pain, both associated with numbness/tingling/spasms and radicular symptoms; and are increased with activity. Objective findings noted pain with heel-toe walking; tenderness and spasm in the lumbar paravertebral musculature; facet tenderness and right sacroiliac joint pain; positive bilateral Farfan test; decreased lumbar range-of-motion; and a reported 85% relief in left lumbar radicular symptoms, x 2 weeks, followed by a continued 60% relief until present, following his left lumbosacral selective epidural catheterization on 2/13/2015. The physician's requests for treatments were noted to include outpatient bilateral lumbosacral epidural catheterization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient bilateral L4-L5 and L5-S1 selective epidural catheterization: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 45.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs Page(s): 46. Decision based on Non-MTUS Citation Official disability Guidelines: ESIs.

Decision rationale: Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. Research has shown that, on average, less than two injections are required for a successful ESI outcome. ESIs can offer short-term pain relief and use should be in conjunction with other rehab efforts. The purpose of ESIs 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. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. CA MTUS guidelines state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Other criteria for ESIs include, no more than 2 nerve root levels to be injected using transforaminal blocks, or more than one (1) intralaminar level injected per session. In this case, there are objective findings on physical exam of radiculopathy but no corroborating diagnostic findings of radiculopathy. MTUS and ODG guidelines do not support treatment with lumbar ESIs in the absence of radiculopathy. Medical necessity for the requested service has not been established. The requested epidural steroid injections are not medically necessary.