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| Case Number: | CM15-0095030 | | |
| Date Assigned: | 05/22/2015 | Date of Injury: | 01/24/2002 |
| Decision Date: | 07/01/2015 | UR Denial Date: | 05/05/2015 |
| Priority: | Standard | Application Received: | 05/19/2015 |

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: California
 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:

This 67 year old male sustained an industrial injury to the low back in 1992. Recent treatment included epidural steroid injection, ice and medications. In a progress note dated 3/25/15, the injured worker complained of pain 3/10 on the visual analog scale to the low back with radiation to bilateral buttocks associated with left lower extremity numbness, tingling and weakness. The injured worker reported one month of 0/10 pain following epidural steroid injection on 2/11/15 but the pain had returned by the time of the exam. Current diagnoses included lumbar spine radiculopathy. The treatment plan included left L5-S1 epidural steroid injection. The injured worker received a left L5-S1 transforaminal steroid epidural injection and epidurogram under fluoroscopic guidance on 4/15/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for left L5-S1 transforaminal steroid epidural injection and Epidurogram under fluoroscopic guidance for the service date of 04/15/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page 46.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. 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. Most current guidelines recommend no more than 2 ESI injections. Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. No more than 2 epidural steroid injections are recommended. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. The progress note dated 3/25/15 documented that the patient had left L5-S1 transforaminal epidural injection on 2/11/15. Prior to the injection, the patient's pain level was 4/10. After the procedure, the patient's pain level was 0/10. For about a month he felt great, and in March the pain started coming back, noting symptoms after shooting a rifle with some recoil. On 3/25/15, the severity of the patient's pain is 3/10. Physical examination demonstrated normal body habitus. Gait was normal, with no limp. Good balance and coordination was noted, the patient was able to heel and toe walk without apparent weakness. Lumbar spine had normal gross sagittal and coronal contours. Range of motion was 90% with flexion, 10% with extension. Nontender at midline Intersplnous ligament region, midline posterior processes, bilateral lumbar paraspinal muscles, bilateral SI sacroiliac joints, bilateral sciatic notches, and bilateral greater trochanter bursae. Negative Patrick's test bilaterally. The patient lying supine, there is no pain with application of pressure to the bilateral ASIS anterior superior iliac spine. Negative straight leg raise test bilaterally. Negative femoral nerve stretch test bilaterally. Motor 5/5 motor strength in the bilateral lower extremities Including bilateral quadriceps, ankle dorsiflexors, and ankle plantar flexors. Sensation intact to light touch at the bilateral lower extremities. Bilateral patellar tendon reflexes are 2+ and bilateral Achilles tendon reflexes are 2+. Negative straight leg raise test bilaterally was noted. Repeat left L5-S1 transforaminal epidural injection was requested. Per MTUS, 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. The progress note dated 3/25/15 documented that the pati ent had a left L5-S1 transforaminal epidural injection on

2/11/15. Prior to the injection, the patient's pain level was 4/10. On 3/25/15, the severity of the patient's pain was 3/10. MTUS requires at least 50% pain relief for six to eight weeks. The 3/25/15 progress report indicated that the patient did not have 50% pain relief for six to eight weeks, no functional improvement was documented. MTUS criteria requires that radiculopathy must be corroborated by physical examination. No physical examination findings corroborating radiculopathy were documented. The request for repeat left L5-S1 transforaminal steroid epidural injection is not supported by MTUS guidelines. Therefore, the request for repeat left L5-S1 transforaminal epidural steroid injection is not medically necessary.