

Case Number:	CM15-0095043		
Date Assigned:	05/21/2015	Date of Injury:	01/24/2002
Decision Date:	06/26/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/18/2015

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 66 year old male, who sustained an industrial injury on 01/24/2002. He has reported injury to the low back. The diagnoses have included lumbar radiculopathy. Treatment to date has included medications, diagnostics, ice, bracing, epidural steroid injections, chiropractic sessions, and physical therapy. Medications have included Aleve. A progress note from the treating physician, dated 02/11/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain and bilateral lower extremity numbness; the pain is constant and rated at 2/10 on the pain scale; low back pain radiates down the buttocks, left side worse than the right; pain in the left shoulder and neck; numbness in the left lateral lower extremity down to the foot including small and fourth toe; and occasional numbness in the right lower extremity. Objective findings included decreased lumbar spine range of motion; tenderness noted at the right sacroiliac joint; and sensation is decreased to light touch and pinprick at the left lateral foot. The treatment plan has included the request for retrospective, left L5-S1 transforaminal steroid epidural injection and epidurogram under fluoroscopy (02/11/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective, Left L5-S1 transforaminal steroid epidural injection and epidurogram under fluoro (2/11/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI criteria for epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines ESI 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 received ESI in the past. The amount and length of benefit was not specified. The ACOEM guidelines do not recommend ESI due to their short-term benefit. The request for another ESI of the lumbar spine is not medically necessary.