

Case Number:	CM15-0096350		
Date Assigned:	05/26/2015	Date of Injury:	09/22/2014
Decision Date:	06/24/2015	UR Denial Date:	05/06/2015
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: 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 48 year old male, who sustained an industrial injury on 9/22/14. He has reported initial complaints of sudden sharp pain in the lower back and leg. The diagnoses have included lumbar radiculopathy, lumbar disc herniation with history of lumbar fusion surgery in 2002 and subsequent hardware removal. Treatment to date has included medications, activity modifications, rest, ice, diagnostics, epidural steroid injection (ESI), physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 4/16/15, the injured worker complains of chronic progressive pain in the mid back, lower back and leg over the past 6 months. The objective findings reveal loss of normal lordosis with straightening of the lumbar spine and surgical scar. On palpation of the paravertebral muscles there is hypertonicity, tenderness and tight muscle band bilaterally. The light touch sensation is decreased over the lateral thigh on the right side on sensory exam. The physician noted that the injured worker stated that he received lumbar epidural steroid injection (ESI) in the past and it was effective in controlling the low back pain and radicular symptoms. The diagnostic testing that was performed included lumbar Magnetic Resonance Imaging (MRI) dated 12/10/14 reveals disc protrusion with significant impingement of the thecal sac and narrowing of the right neuroforamen. The current medications included Ibuprofen, Gabapentin and Vicodin. There was no urine drug screen report noted. There was previous therapy sessions noted in the records. The work status is temporary totally disabled. The physician requested treatments included Right L2 transforaminal lumbar epidural injection and Right L3 transforaminal lumbar epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L2 transforaminal lumbar epidural injection Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 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 electro diagnostic 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 does have radicular symptoms that correlate with an MRI in December 2014. The claimant had benefit from prior ESI but the amount of benefit and length of benefit was not specified. According to the ACOEM guidelines, ESI are not medically necessary due to their short-term benefit. As a result, the request for an ESI of L2 is not medically necessary.

Right L3 transforaminal lumbar epidural injection Qty: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS 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 electro diagnostic 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 does have radicular symptoms that correlate with an MRI in December 2014. The claimant had benefit from prior ESI but the amount of benefit and length of benefit was not specified. According to the ACOEM guidelines, ESI are not medically necessary due to their short-term benefit. As a result, the request for an ESI of L3 is not medically necessary.