

Case Number:	CM15-0096842		
Date Assigned:	05/27/2015	Date of Injury:	11/15/2003
Decision Date:	07/01/2015	UR Denial Date:	04/18/2015
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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 11/15/2003. Diagnoses include lumbar radiculopathy, and depression. Treatment to date has included diagnostic studies, medications, injections of the left sacroiliac joint, piriformis, and trochanteric bursa, physical therapy, and psychotherapy sessions. Magnetic Resonance Imaging of the lumbar spine done on 11/19/2014 revealed minimal to mild increased disc bulging at L3-4, L4-5, and L5-S1 along the disc margin but only minimally narrowing the canal at L3-4 and L4-5, and neural foraminal encroachment is minimal at L2-3, moderate at L3-4, L4-5, mild left moderate right at L5-S1. On the right at L5-S1, it abuts the nerve root but does not compress the nerve root. These findings have increased since the previous examination. There has been increased disc dehydration at L3-4, L4-5, and L5-S1 as well. A physician progress note dated 04/14/2015 documents the injured worker complains of increased pain radiating down his leg is getting worse, and he has an increase in depression and anxiety. Lumbar spine flexion 70 degrees forward. There is tenderness to palpation in the lower back at L4, L5, and S1. The treatment plan includes Norco 10/325mg 1-2 tabs q 4 hours #120, and Pristiq 100mg daily. Treatment requested is for 1 epidural block at L4, L5, and S1 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural block at L4, L5, S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic.

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain. MTUS further defines the criteria for epidural steroid injections to include: 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. Radiculopathy does not appear to be documented with imaging studies with only at the L5-S1 right nerve root with a disc bulge abutting but not compressing the nerve. The patient is taking multiple medications, but the progress reports do not document how long the patient has been on these medications and the "unresponsiveness" to the medications. Additionally, treatment notes do not indicate if other conservative treatments were tried and failed (exercises, physical therapy, etc). The guidelines also do not recommend injecting more than 2 levels at a time. As such, the request for Epidural block at L4, L5, S1 is not medically necessary.