

Case Number:	CM15-0099300		
Date Assigned:	06/01/2015	Date of Injury:	03/06/2014
Decision Date:	06/30/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/22/2015

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 was a 65-year-old male, who sustained an industrial injury, March 6, 2014. The injured worker previously received the following treatments compound creams and random toxicology laboratory studies. The injured worker was diagnosed with bilateral shoulder internal derangement, lumbar spine sprain/strain, rule-out radiculopathy, anxiety disorder, mood disorder, sleep disorder, stress and psychosexual dysfunction. According to progress note of February 12, 2015, the injured workers chief complaint was low back pain. The pain was rated 8-9 out of 10. The pain was described as constant, moderate to severe. The pain was radiating to the legs and down to the feet, there was associated numbness and tingling of the bilateral lower extremities. The pain was aggravated by prolonged positioning including sitting, standing, walking, bending, raising from a sitting position, ascending or descending stairs, stooping and activities of daily living. The physical exam noted tenderness with palpation at the lumbar paraspinal muscles, quadratus lumborum and over the lumbosacral junction. There was also, left buttocks tenderness. There was decreased range of motion in the lumbar spine in all planes. The Tripod sign and Flip test were positive bilaterally. According to the progress note of January 13, 2015, there was decreased sensation to pinprick and light touch at the L4, L5 and S1 dermatomes bilaterally. The treatment plan included lumbar epidural injection at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 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, there were no imaging or diagnostics available to confirm physical findings. In addition, the ACOEM guidelines do not recommend injections due to their short-term benefit. The request for an epidural of the lumbar spine is not medically necessary.