Case Number:	CM14-0166397		
Date Assigned:	10/13/2014	**Date of Injury:**	10/30/2013
Decision Date:	01/02/2015	**UR Denial Date:**	09/24/2014
Priority:	Standard	**Application Received:**	10/09/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 30-year old man sustained a work related injury on 10/30/13 due to falling off scaffolding. He injured his back, and has persistent low back pain. On 5/1/14, the injured worker received bilateral L3, L4, and L5 medial branch diagnostic blocks followed by bilateral L3, L4, and L5 radiofrequency ablation on 8/20/14, for lumbar facet arthropathy. On 5/6/14 the patient began to experience numbness and tingling in his left leg, with exam findings that changed distribution from visit to visit. On 5/6/14 decreased sensation is recorded as involving the inner thigh, (L2 or L3 distribution). On 6/10/14 the sensory exam is documented as intact. On 7/15/14 decreased sensation is recorded in the left L5 distribution (outer calf and mid dorsal foot). On 8/19/14 the sensory exam is again recorded as intact. On 9/9/14, the primary provider's progress note documented that the injured worker had lumbar radiculitis following the radiofrequency ablation. The pain was described as being severe and constant, with no comfortable position, and restricted sleep. Physical exam was remarkable for normal back range of motion, positive straight leg on the left, and decreased sensation of the left L5-S1 distribution (outer calf, ankle and foot and mid dorsal foot). No diagnostic studies were included in the documentation provided. The physician noted she was awaiting authorization of a lumbar MRI. The injured worker was noted to not be in any active therapy, and was off work due to the lumbar radiculitis. Diagnoses included lumbar facet arthropathy and acute left lumbar radiculitis. An authorization for left lumbar transforaminal epidural steroid Injections at L5 and S1 was requested. This request was non-certified in utilization review on 9/24/14 on the basis that the patient did not have radicular symptoms and that there were no diagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Lumbar L5 and S1 Transforaminal Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, Criteria for the use of Epidural Steroid Injections Page(s): 46.

Decision rationale: The guideline cited above states that epidural steroid injections (ESI's) are recommended as an option for the treatment of radicular pain, which is defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. ESI's alone offer no significant long-term functional benefit. The purpose of an ESI is to reduce pain and inflammation, and to restore range of motion in order to facilitate progress in more active treatment programs. Radiculopathy must be documented by physical exam and corroborated by imaging prior to performing an ESI. No more than one interlaminal level should be injected at one session, and no more than two nerve root levels should be injected using a transforaminal approach. 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 6-8 weeks. The clinical documentation in this case does not support the performance of lumbosacral epidural steroid injections. There is no documentation of radicular pain as defined above. It is not clear that this patient has clinical findings of radiculopathy, since the location of his sensory deficit changes from visit to visit. He has no motor deficit. The finding of a positive straight leg raise is non-specific unless it is recorded that straight leg raise produces increased pain, numbness and tingling in a clear radicular distribution. No such finding is recorded. There is no corroboration of clinical findings by any imaging study. In addition, the patient is not involved in an active treatment program. Based on the MTUS citations above and on the clinical documentation provided for my review, a left L5 and S1 transforaminal epidural steroid injections are not medically necessary.