

Case Number:	CM14-0194882		
Date Assigned:	12/02/2014	Date of Injury:	12/17/2012
Decision Date:	01/16/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/20/2014

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 53-year-old female who reported an injury on 12/17/2012. The mechanism of injury was indicated as carrying an 8 to 20 pound heavy material. Her diagnoses included lumbar disc with radiculitis, degeneration of lumbar disc, and lumbar postlaminectomy syndrome. Diagnostic studies included an MRI performed on 12/18/2012, which revealed disc desiccation with moderate disc height loss; a disc bulge; left paracentral disc protrusion; mild inferior bilateral neural foraminal encroachment. The right S1 nerve root is "slight lateral displaced," slightly larger than the left S1 nerve root with central right T1 weighted signal. The right S1 nerve root may be laterally retracted. Her past treatments included use of a Hwave unit. Her past surgical history included a lumbar fusion from L1 through L3 on 07/31/2013 and a lumbar spine surgery in 2002. On 12/03/2014, the injured worker had complaints of increased loss of sensation to her right leg that had lasted a few seconds nearly causing her to fall. Upon physical examination, range of motion of the lumbar spine was restricted on all planes with increased pain, muscle guarding was also noted. Lumbar spine motor strength was 5/5 to bilateral lower extremities with giveaway weakness. Her sensation to the L5 and S1 lower extremities was decreased to light touch, pinprick, and temperature bilaterally. Deep tendon reflexes were 2+ bilateral knees and ankles. A positive straight leg raise was indicated bilaterally for radiculitis at 30 degrees. Her medications included Cymbalta 30 mg, Ambien CR 6.25 mg, Neurontin 600 mg, Norco 10/325 mg, Zofran 8 mg, Prilosec 20 mg. The treatment plan included refills of Cymbalta, Ambien, Neurontin, Norco and Zofran, and discontinuing her Prilosec. The rationale for the request of bilateral L5-S1 transforaminal epidural steroid injection was due to increased loss of sensation in her right lower extremity with weakness, significantly worsened with activity of work; and restricted range of motion in all directions of the lumbar spine with

muscle guarding, and a positive straight leg raise bilaterally with decreased sensation in the L5, S1 dermatomes. The request for authorization form was dated 12/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 Transforaminal Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The request for bilateral L5-S1 transforaminal epidural steroid injection is not medically necessary. The California MTUS Guidelines state the criteria for use of epidural steroid injections is: to have documentation of radiculopathy by physician and corroborating imaging studies or electrodiagnostic testing, is unresponsive to conservative treatment, should be performed by using fluoroscopy, and no more than 2 nerve root levels should be injected using the transforaminal blocks. Additionally repeat blocks used in the therapeutic phase, must be supported by objective documentation of 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. The injured worker does have a diagnosis of lumbar disc with radiculitis, with decreased sensation to the bilateral L5-S1 distribution with radiating pain. Additionally she also presented with a positive straight leg raise bilaterally at 30 degrees. Her MRIs indicated the S1 nerve root is "slight lateral displaced" may be laterally retracted. However, a previous steroid injection was administered on 07/07/2014, with no objective documentation of decreased pain and increased functional improvement. There was no indication that the injured worker had received greater than 50% of pain relief duration of 6 to 8 weeks after the injection was administered. Additionally, there is no evidence of failed conservative therapy, such as completed physical therapy or a home exercise program with objective documentation, since the reported date of injury. Furthermore the request did not indicate the use of fluoroscopy for guidance in the request. As such, the request for bilateral L5-S1 transforaminal epidural steroid injection is not medically necessary.