

Case Number:	CM15-0004455		
Date Assigned:	01/15/2015	Date of Injury:	03/12/2012
Decision Date:	03/23/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/08/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 43 year old female who sustained an industrial injury on March 12, 2012, slipping in a freezer. She has reported feeling a pop in the back and abdomen, with an abdominal computed tomography (CT) showing a large ventral hernia. The diagnoses have included degenerative disc disease, status post ventral hernia repair, thoracic or lumbosacral neuritis or radiculitis, unspecified, long term use of medications, and lower extremity radiculopathy. Treatment to date has included 2014 knee surgery, 2013 hernia repair, 2014 ganglion cyst removed, oral and injected medications, massage therapy, chiropractic treatments, and physical therapy. Progress notes from June to December 2014 were submitted. Electrodiagnostic studies were ordered but were not performed. Currently, the injured worker complains of back pain and bilateral leg pain, with associated numbness and tingling in the bilateral feet. Pain was rated at 6-9 out of 10 in severity and was noted to interfere with sleep, family life, work performance, and driving. A physician's visit dated December 9, 2014, noted the goal of decreasing the injured worker's narcotic usage by 70-80% and increase the quality of life. Physical examination was noted to show facet tenderness on the right and left lumbar spine, with axial loading of the lumbar spine worsening the pain. Lumbar spine range of motion was decreased due to pain, especially extension, and radicular pain was present on the L2-L3, L3-L4, and L4-L5 levels, with numbness and tingling present in the right leg. Straight leg raise test was positive on the right and left side. Decreased lower extremity sensation was positive on the right, and lower extremity motor examination and reflexes were normal. MRI of the lumbar spine on 11/7/13 included findings to suggest no acute or subacute osseous abnormality, and spondylitic/degenerative

changes present at L1-L2 through L4-L5 with disc dessication and varying degrees of broad based disc protrusion; at L3-4 there was contact with the exiting L3 root suggesting L3 radiculopathy. Transforaminal epidural steroid injections at right L2-3, L3-4, and L4-5 levels times two, as well as bilateral L3-4, L4-5 steroid facet blocks were recommended, and medications were continued. On December 19, 2014, Utilization Review non-certified right L2-L3, L3-L4, and L4-L5 transforaminal steroid injections under fluoroscopic guidance times two, noting the request was for three levels and two injections which exceeded the guidelines, and the medical records did not document a history, examination, and diagnostic findings to confirm radiculopathies at the requested levels. The MTUS Chronic Pain Medical Treatment Guidelines, the MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines, and the Official Disability Guidelines (ODG) were cited by Utilization Review. This decision was subsequently appealed to independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L2/3, L3/4, L4/5 transforaminal steroid injection under fluoroscopic guidance x2:
Upheld

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

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

Decision rationale: The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. An epidural steroid injection must be at a specific side and level. No more than two nerve root levels should be injected using transforaminal blocks. The request was for three nerve root level injections. The MTUS recommends that any repeat injection be considered based on the degree of pain relief and functional improvement 6-8 weeks after the initial injection. The request was for a series of two injections; the guidelines require that the injured worker be evaluated after the first injection with documentation of pain relief and functional improvement before consideration of a second injection. This injured worker does not meet the MTUS criteria for epidural steroid injections. Although the physician noted radicular pain was present on the L2-L3, L3-L4, and L4-L5 levels, there are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing, at all the levels requested. The MRI shows nerve root compression at the L3-4 level only and injections were requested at L2-L3, L3-L4, and L4-L5. Electrodiagnostic studies were not performed. The request is not medically necessary based on insufficient documentation of radiculopathy at all the levels requested, injection levels requested in excess of the guidelines, and request for two injections without allowance for evaluation of response to an initial injection.