

Case Number:	CM15-0007776		
Date Assigned:	02/09/2015	Date of Injury:	12/08/2004
Decision Date:	03/25/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/14/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 12/8/04. She has reported low back pain. The diagnoses have included lumbar degenerative disc disease and sciatica. Treatment to date has included lumbar epidural injections, MRI of the lumbar spine and oral medications. As of the PR2 dated 12/9/14, the injured worker reported 75-80% pain relief for 7-8 weeks following her lumbar epidural on 10/7/14. She is now reporting low back pain again and would like repeat injection before the pain gets worse. The treating physician requested bilateral transforaminal lumbar epidural steroid injection at L5-S1, lumbar myelography, lumbar epidurogram, IV sedation, fluoroscopic guidance, contrast dye and Right transforaminal lumbar epidural steroid injection at L4-5, lumbar myelography, lumbar epidurogram, IV sedation, fluoroscopic guidance, contrast dye. On 12/23/14 Utilization Review non-certified a request for bilateral transforaminal lumbar epidural steroid injection at L5-S1, lumbar myelography, lumbar epidurogram, IV sedation, fluoroscopic guidance, contrast dye and Right transforaminal lumbar epidural steroid injection at L4-5, lumbar myelography, lumbar epidurogram, IV sedation, fluoroscopic guidance, contrast dye. The utilization review physician cited the MTUS guidelines for chronic pain. On 12/31/14, the injured worker submitted an application for IMR for review of bilateral transforaminal lumbar epidural steroid injection at L5-S1, lumbar myelography, lumbar epidurogram, IV sedation, fluoroscopic guidance, contrast dye and Right transforaminal lumbar epidural steroid injection at L4-5, lumbar myelography, lumbar epidurogram, IV sedation, fluoroscopic guidance, contrast dye. In an appeal letter, the provider noted that, in addition to the pain relief provided by the prior injection, the patient

received improvement in overall functional capacity including improved tolerance for sitting and standing as well as only needing to use medications on a prn basis. The provider noted that the patient typically gets 6 months of relief from ESI and it is unusual for the patient to receive only 2 months of relief as occurred with the prior injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal lumbar epidural steroid injection at L5-S1, lumbar myelography, lumbar epidurogram, IV sedation, fluoroscopic guidance, contrast dye: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for repeat epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, the provider clarified subsequent to the utilization review that, in addition to the 75-80% pain relief for 7-8 weeks provided by the prior injection, the patient received improvement in overall functional capacity including improved tolerance for sitting and standing as well as only needing to use medications on a prn basis. The provider noted that the patient typically gets 6 months of relief from ESI and it is unusual for the patient to receive only 2 months of relief as occurred with the prior injection. In light of the above, the currently requested repeat lumbar epidural steroid injection is medically necessary.

Right transforaminal lumbar epidural steroid injection at L4-5, lumbar myelography, lumbar epidurogram, IV sedation, fluoroscopic guidance, contrast dye: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for repeat epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Regarding repeat epidural

injections, guidelines state that 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. Within the documentation available for review, the provider clarified subsequent to the utilization review that, in addition to the 75-80% pain relief for 7-8 weeks provided by the prior injection, the patient received improvement in overall functional capacity including improved tolerance for sitting and standing as well as only needing to use medications on a prn basis. The provider noted that the patient typically gets 6 months of relief from ESI and it is unusual for the patient to receive only 2 months of relief as occurred with the prior injection. In light of the above, the currently requested repeat lumbar epidural steroid injection is medically necessary.