

Case Number:	CM15-0008418		
Date Assigned:	01/26/2015	Date of Injury:	06/11/2005
Decision Date:	03/26/2015	UR Denial Date:	12/30/2014
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

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 45-year-old male who reported an injury on 10/06/2009 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included medications, physical therapy, and epidural steroid injections. It was noted that the injured worker had previously received a bilateral L3, L4, and L5 transforaminal epidural steroid injection on 09/02/2014 that provided 50% relief with improved function for up to a month. The injured worker was again evaluated on 12/24/2014. It was documented that the injured worker had a return of symptoms. The injured worker's diagnoses were noted to be lumbar disc displacement without myelopathy, spondylosis of the lumbosacral spine, and cervical disc displacement without myelopathy. Objective findings at that appointment included limited range of motion of the lumbar spine decreased by 40 degrees in flexion and 80 degrees in extension. The injured worker had 1+ and equal reflexes at the patella and Achilles. The injured worker's treatment plan at that appointment included bilateral transforaminal epidural steroid injection with IV sedation. This request was reviewed and received an adverse determination. A Letter of Appeal was submitted on 01/06/2015. This Letter of Appeal indicated that the injured worker had clinical findings of decreased sensation to light touch along the right lower extremity and left lower extremity, with reduced motor strength rated at a 4/5, with the left hip flexor and left foot in dorsiflexion. It was documented that the injured worker's treatment plan at that time was an epidural steroid injection to assist the injured worker with performing an home exercise program, and reducing oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar epidural steroid injection bilateral L3, L4 and L5 with lumbar epidurogram IV sedation, fluoroscopic guidance and contrast dye: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation Pain Procedure Summary, ESIs

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

Decision rationale: The requested transforaminal lumbar epidural steroid injection bilateral L3, L4 and L5 with lumbar epidurogram IV sedation, fluoroscopic guidance and contrast dye is not medically necessary. The California Medical Treatment Utilization Schedule does recommend repeat injections for injured workers who have at least 50% pain relief for 6 to 8 weeks with an increase in function. The clinical documentation submitted for review does indicate that the injured worker has had a return of radicular symptoms and had an appropriate response to previous injections. However, the current request as it is submitted is for 3 levels of injection. The California Medical Treatment Utilization Schedule does not recommend more than 2 levels with a transforaminal approach. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. Additionally, Official Disability Guidelines do not recommend the use of sedation with epidural steroid injections unless there is documentation of significant anxiety towards needles or the procedure. The clinical documentation does not address the injured worker's anxiety level to support the need for sedation during the procedure. As such, the requested transforaminal lumbar epidural steroid injection bilateral L3, L4 and L5 with lumbar epidurogram IV sedation, fluoroscopic guidance and contrast dye is not medically necessary or appropriate.