

Case Number:	CM15-0107537		
Date Assigned:	06/12/2015	Date of Injury:	04/18/2013
Decision Date:	07/16/2015	UR Denial Date:	05/10/2015
Priority:	Standard	Application Received:	06/04/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 51 year old male, who sustained an industrial injury on April 18, 2013. He reported an injury to his right knee and was diagnosed with right knee sprain. He subsequently reported a new injury to his low back. Treatment to date has included physical therapy, medication, MRI of the right knee, MRI of the lumbar spine, work modifications, physical therapy, steroid injections and orthotics. Currently, the injured worker complains of low back pain which he rates a 5-10 on a 10-point scale. He describes the pain as a dull ache into the buttocks, which radiates down the bilateral legs with associated numbness and tingling. He has an antalgic gait and uses a cane for ambulation. An MRI of the lumbar spine on May 5, 2014 revealed evidence of spondylolisthesis grade 1 at L5-S1 with anterolisthesis at the L5 body on S1 and disc bulges at L2-3, L3-4 and L4-5 causing stenosis. On physical examination, the injured worker has normal lordosis and alignment of the lumbar spine. He has diffuse tenderness to palpation over the paraspinal musculature and has moderate facet tenderness from L4-S1. His range of motion is restricted and elicits pain. The diagnosis associated with the request is displacement of lumbar intervertebral disc without myelopathy. The treatment plan includes a request for two bilateral L4-L5 and L5-S1 transforaminal epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 and L5-S1 TFESI x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

Decision rationale: Regarding the request for Bilateral Lumbar transforaminal epidural steroid injection x2, 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. Guidelines recommend that no more than one interlaminar level, or two transforaminal levels, should be injected at one session. 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. Guidelines also state if the epidural is used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Within the documentation available for review, the physician is requesting two blocks however, the last reviewer already modified the request for one block. According to guidelines, one block is sufficient until assessment can be made to determine if another block should be done. As such, the currently requested Bilateral Lumbar transforaminal epidural steroid injection x2 is not medically necessary.