

Case Number:	CM15-0108591		
Date Assigned:	06/15/2015	Date of Injury:	04/16/2002
Decision Date:	07/14/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/05/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 67 year old female, who sustained an industrial injury on 4/16/02. She has reported initial complaints of neck and back pain with work injury. The diagnoses have included T12 compression fracture healing, post-laminectomy pain syndrome, and lumbago. Treatment to date has included medications, activity modifications, off work, surgery, physical therapy, chiropractic, acupuncture, and home exercise program (HEP). Currently, as per the physician progress note dated 5/20/15, the injured worker complains of low back pain that radiates to both legs and the pain is constant, sharp, shooting and throbs. She rates the current pain 6-7/10 on pain scale. The objective findings reveal positive straight leg raise on the right at 30-45 degrees, moderate to severe palpable spasms bilateral lumbar musculature with positive twitch response right greater than left, moderate to severe pain with lumbar extension, moderate pain with right lateral bending, kyphotic posture and slowed ambulation. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the thoracic spine dated 1/15/15 reveals compression deformity with edema and near vertebra plana as well as prominence to the posterior bony cortex, cord indentation, minor loss of height to the superior endplate and disc protrusion. An MRI of the lumbar spine was noted in December 2014 which showed prior l4-l5 laminectomy. The current medications included Acetaminophen, Cyclo-benzaprine, and Hydrocodone. There is no previous urine drug screen noted in the records and there is no previous therapy sessions, acupuncture or chiropractic sessions noted. The physician requested treatment included Single right L4-L5, L5-S1 transforaminal epidural steroid injection (ESI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Single right L4-L5, L5-S1 transforaminal ESI: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

Decision rationale: According to the guidelines, the criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If 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. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case, although there are physical findings of radiculopathy, there are no recent imaging or diagnostics to confirm nerve root/cord involvement. As a result, the guideline criteria are not met and the ESI is not medically necessary.