

Case Number:	CM15-0017243		
Date Assigned:	02/04/2015	Date of Injury:	09/16/2011
Decision Date:	04/07/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/27/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 57 year old male, who sustained an industrial injury on 9/16/2011. The diagnoses have included L4-5 post laminectomy syndrome with foraminal stenosis and bilateral L5 radiculitis. Treatment to date has included lumbar surgery, injections and pain medications. Magnetic resonance imaging (MRI) of the lumbar spine dated 11/13/2014 showed evidence of postoperative changes at L4-5 with bilateral foraminal stenosis. The facet hypertrophy was associated with severe left L4-5 foraminal narrowing. According to the progress report dated 8/14/2014, the injured worker had a left L4-5 transforaminal steroid injection on 2/26/2013 and a right L4-5 transforaminal block on 11/22/2013. Each injection provided approximately six months of pain relief. Per the progress report dated 10/9/2014, the injured worker underwent right L4-5 and left L4-5 transforaminal epidural steroid injection (ESI) on 9/5/2014. This injection provided only two weeks of pain relief. According to the progress note dated 12/29/2014, the injured worker complained of alternating right versus left leg pain. Lidocaine patches were helpful. Physical exam revealed positive sciatic nerve stretch test on the right and negative on the left. There was tenderness

over the right sciatic notch. Authorization was requested for repeat bilateral L4-5 transforaminal steroid injection. On 1/8/2015 Utilization Review (UR) non-certified a request for a Right L4-5 Transforaminal Epidural Steroid Injection (ESI), Left L4-5 Transforaminal Epidural Steroid Injection (ESI) And Moderate Sedation. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 Transforaminal Epidural Steroid Injection quantity 1.00: 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 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 46 of 127.

Decision rationale: The California MTUS guidelines indicates that a second block is not recommended if there is inadequate response from the first block and a positive result includes at least 50% pain relief for 6 to 8 weeks time. The attach medical record indicates that there was only two weeks of pain relief from the most recent injection performed on September 5, 2014 at the same level. Considering the lack of efficacy of this previous injection, additional injections cannot be justified. As such, this request for a right-sided L4 - L5 transforaminal epidural steroid injection is not medically necessary.

Left L4-5 Transforaminal Epidural Steroid Injection quantity 1.00: 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 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 46 of 127.

Decision rationale: The California MTUS guidelines indicates that a second block is not recommended if there is inadequate response from the first block and a positive result includes at least 50% pain relief for 6 to 8 weeks time. The attach medical record indicates that there was only two weeks of pain relief from the most recent injection performed on September 5, 2014 at the same level. Considering the lack of efficacy of this previous injection, additional injections cannot be justified. As such, this request for a left-sided L4 - L5 transforaminal epidural steroid injection is not medically necessary.

Moderate Sedation: Upheld

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 8 C.C.R. 9792.20 ? 9792.26; MTUS (Effective July 18, 2009) Page(s): 46 of 127. Decision based on Non- MTUS Citation [http:// www.apmsurgery.com/ Procedures /Epidural Steroid Injections.html](http://www.apmsurgery.com/Procedures/Epidural_Steroid_Injections.html).

Decision rationale: Regarding moderate sedation, as the accompanying request for a transforaminal epidural steroid injection has been determined not to be medically necessary, so is the request for moderate sedation.