

Case Number:	CM15-0019204		
Date Assigned:	02/09/2015	Date of Injury:	08/06/2012
Decision Date:	04/01/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	02/02/2015

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 41 year old female, who sustained an industrial injury on 8/6/2012. She reports pain in the lower back, bilateral ankles and feet, abdomen and right hip. Diagnoses include chronic pain, lumbar radiculitis, bilateral ankle pain, and bilateral foot pain, right hip pain, bilateral hip contusions and abdomino-pelvic pain-status post crush injury. Treatments to date include TENS (transcutaneous electrical nerve stimulation), physical therapy, home exercises and medication management. A progress note from the treating provider dated 12/15/2014 indicates the injured worker reported low back pain. On 12/31/2014, Utilization Review non-certified the request for transforaminal epidural steroid injection at bilateral lumbar 4-sacral 1 under fluoroscopy, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Transforaminal Epidural Steroid Injection at the Bilateral L4-S1 levels under fluoroscopy: 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 ESI
Page(s): 46-47.

Decision rationale: The patient was injured on 08/06/2012 and presents with low back pain which radiates down the bilateral lower extremities and to the bilateral buttocks as well as lower extremity pain, and pelvic pain. The request is for 1 TRANSFORAMINAL EPIDURAL STEROID INJECTION at the bilateral L4-S1 levels under fluoroscopy. There is no RFA provided and the patient is not currently working. The patient is status post transforaminal epidural steroid injection at bilateral L4-S1 from 01/24/2014. Post procedure, the patient reports excellent (greater than 80%) overall improvement. The patient reports excellent functional improvement in the following areas: decrease in pain medication requirements, patient is able to reduce Norco use, and improve mobility and exercise, walking more. The duration of the improvement was 4 months. In regards to epidural steroid injections, MTUS page 46-47 has the following criteria under its chronic pain section: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In therapeutic phase, repeat block should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per region per year. The patient did have a prior ESI at L4-S1 on 01/24/2014 which resulted in greater than 80% overall improvement. Tenderness was noted upon palpation in the spinal vertebral area, L4-S1 levels. The range of motion of the lumbar spine is limited secondary to pain. Sensory exam shows decreased sensitivity to touch along the L4-S1 dermatome and bilateral lower extremities. Motor examination shows decreased strength in the bilateral lower extremities dermatomal level L4-S1. MRI of the lumbar spine dated 08/15/2012 revealed 2-mm disk bulge at L2-L3 and L4-L5 levels and a 3-mm disk bulge at the L5-S1 level. Although the patient had 80% pain relief, the treater does not discuss imaging studies describing any potential nerve root lesions. In the absence of a clear dermatomal distribution of pain corroborated by imaging and examination demonstrating radiculopathy, ESI is not indicated. The requested transforaminal epidural steroid injection of the bilateral L4-S1 IS NOT medically necessary.