

Case Number:	CM15-0133005		
Date Assigned:	07/21/2015	Date of Injury:	09/03/1999
Decision Date:	08/17/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/09/2015

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: 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 62 year old female, who sustained an industrial injury on 8/03/1999. The injured worker was diagnosed as having degeneration of lumbar disc, lumbar post-laminectomy syndrome, sacroiliitis, lumbago, lumbar radiculitis, and lumbar stenosis. Treatment to date has included diagnostics, lumbar spinal surgery, bilateral sacroiliac joint blocks (helped over 50%), lumbar epidural steroid injection L2-3 (helped 50%), and medications. Currently (6/10/2015), the injured worker complains of low back pain with radiation to the right and sometimes left lower extremity. She continued to perform activities of daily living on her ranch as tolerated. Location of pain was in the right sciatica and rated 6/10 with medication and 8/10 without. Current medications included Celebrex and Oxycodone. Exam noted a healed midline lumbar post-surgical incision, tenderness in the paravertebral muscles of the lumbar spine, spasm, and tenderness over the L3 spinous process. Range of motion was decreased and painful. Motor exam noted the ability to heel-walk, toe-walk, and ambulate without assistive devices and she was moving about better at this time than on previous visit. The treatment plan included a transforaminal epidural steroid injection, L5-S1. Her work status was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Transforaminal L5-S1 epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Epidural Steroid Injections (ESIs) as a treatment modality. ESIs are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for the use of Epidural steroid injections: 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. In this case, there is insufficient documentation in support of a right-sided L5-S1 radiculopathy. There are no physical examination findings, imaging studies or electrodiagnostic tests that are consistent with the diagnosis of a right-sided L5-S1 radiculopathy. As evidence of radiculopathy is key in the justification of this procedure, at this time a right transforaminal L5-S1 epidural steroid injection is not medically necessary.