

Case Number:	CM15-0136007		
Date Assigned:	07/24/2015	Date of Injury:	10/29/2014
Decision Date:	08/21/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/15/2015

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 33-year-old female who sustained an industrial injury on 10/29/2014 resulting in radiating low back pain. She was diagnosed with lumbar radiculopathy and status post laminectomy L4-5 and L5-S1. Treatment has included physical therapy, chiropractic treatments and medication with no documented results. The injured worker continues to present with radiating low back pain. The treating physician's plan of care includes transforaminal L5-S1 epidural steroid injection with fluoroscopy and conscious sedation. She works light duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal L5/S1 epidural steroid injection with fluoroscopy and conscious sedation:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 typically used for the treatment of radicular pain. The specific criteria in support of an ESI are as follows: 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, the medical records do not support the use of an ESI at this point. As noted: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case, the medical records indicate that the physical examination findings are not consistent with a radiculopathy; normal strength, normal sensation, normal deep tendon reflexes and no evidence of a dermatomal distribution of symptoms. While there is some evidence of L5/S1 pathology on electrophysiologic testing, this is not clinically supported by the findings reported on examination. Further, there is no evidence provided to support the need for conscious sedation as part of this requested procedure. There is no information in the medical records to justify the need for conscious sedation. For these two reasons, transforaminal L5/S1 epidural steroid injection with fluoroscopy and conscious sedation is not medically necessary.