

Case Number:	CM15-0136088		
Date Assigned:	07/24/2015	Date of Injury:	10/29/2008
Decision Date:	08/31/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/14/2015

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 50 year old male, who sustained an industrial injury on October 29, 2008. He reported low back and right lower extremity pain. The injured worker was diagnosed as having right leg and knee fractures. Treatment to date has included urine drug screen, physical therapy, surgery, x-ray, MRI, medication, chiropractic and acupuncture therapy, epidural injection (low back), TENS unit and heat therapy. Currently, the injured worker complains of persistent low back pain rated at 8 on 10 that radiates up to his neck and down his right leg, with weakness and numbness in the foot. He also reports frequent right knee pain rated at 7 on 10. The pain is exacerbated by lifting and prolonged walking; it is relieved by rest, lying down, medication and heat therapy. The injured worker is currently diagnosed with right knee meniscal tear post arthroscopy, recurrent right knee pain, lumbar strain (rule out disc herniation) and right ankle sprain-strain (rule out internal derangement), chronic pain syndrome, low back pain, sciatica, lumbar-thoracic radiculopathy, spinal enthesopathy, fasciitis (unspecified) and peripheral neuropathy (unspecified). His work status is return to work with modifications; however he is not currently working. In a note dated December 22, 2014 it states the injured worker experienced temporary relief from physical therapy, chiropractic and acupuncture therapy, epidural injections and surgery. Due to previous efficacy from an epidural injection, a right L4-L5 transforaminal epidural steroid injection is request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5, L5S1 transforaminal epidural steroid injection: Overturned

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

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

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections 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. (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. MRI of the lumbar spine dated 2/13/14 revealed multiple levels of herniated discs most notable at L4-L5 and L5-S1, with significant lateral recess stenosis (which correlates to a likely compromise of the L5 and S1 nerve). Facet arthropathy was also noted bilaterally at these levels. Per progress report dated 12/22/14, sensory exam revealed dullness to pinprick in the right anterolateral leg in the L4, L5, and S1 dermatomes. Motor exam revealed weakness in the right knee and ankle extension. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. I respectfully disagree with the UR physician's assertion that the documentation did not support ESI. The request is medically necessary.