

Case Number:	CM15-0137065		
Date Assigned:	07/27/2015	Date of Injury:	10/20/2014
Decision Date:	08/25/2015	UR Denial Date:	07/09/2015
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: Preventive Medicine, Occupational Medicine

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 38 year old female, who sustained an industrial injury on 10/20/14. She has reported initial complaints of a low back, head, right elbow and right shoulder injuries after falling back in a chair. The diagnoses have included lumbar disc disorder, lumbar neuritis and lumbar degenerative disc disease (DDD), low back pain, shoulder pain and elbow pain. Treatment to date has included medications, activity modifications, diagnostics, injections, physical therapy, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 7/2/15, the injured worker complains of low back pain that radiates to the left lower extremity (LLE) and rates the pain 7/10 on pain scale. The injured worker had left L4 and L5-S1 facet joint injection done on 4/10/15 without relief of pain. She reports fatigue, poor exercise tolerance, poor sleep, weight gain, insomnia, mood swings, sleep disturbance and headache. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. The current medications included Naproxen and Norco. The physical exam reveals that she walks with slow gait without the use of a device. The lumbar range of motion is restricted and limited by pain, there is spasm and tenderness noted on palpation of the lumbar spine, lumbar facet loading is positive on the left side and straight leg raise is positive on the left. The sensation is decreased over the lateral foot on the left side. The physician notes that the injured worker has been unresponsive to conservative treatment. The previous therapy sessions were not noted. Work status is modified duty; however she is not working as restrictions are not able to be accommodated. The physician requested treatment included Transforaminal Epidural Steroid Injection, Left Lumbar/Sacroiliac, L5-S1 and S1-S2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection, Left Lumbar/Sacroiliac, L5-S1 and S1-S2:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309, table 12-8, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection, and a third ESI is rarely recommended. ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. In this case, the injured worker had left L4 and L5-S1 facet joint injection done on 4/10/15 without relief of pain. Additionally, the provider states that the injured worker has failed conservative treatments. However, there was a recent approval for chiropractic sessions that have not been started. Until these treatments are completed, the request for ESI is not warranted. The request for transforaminal epidural steroid injection, left lumbar/sacroiliac, L5-S1 and S1-S2 is not medically necessary.