

Case Number:	CM15-0138129		
Date Assigned:	07/28/2015	Date of Injury:	09/29/2000
Decision Date:	09/04/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, 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 43 year old female who sustained an industrial injury on 09-29-2000. Mechanism of injury was work related but mechanism of injury was not found in documents provided. Diagnoses include previous post scoliosis surgery, and post laminectomy syndrome of the lumbar region. Treatment to date has included diagnostic studies, medications, nerve root blocks, epidural injections, facet injections, lumbar radiofrequency ablation, and trigger point injections. Her medications include Morphine sulfate, Ibuprofen and Belsomra (suvorexant). On 05-13-2015 a lumbar Magnetic Resonance Imaging revealed scoliosis fixation hardware in the thoracic spine. There are small herniations at L2-3, L3-4, L4-5 and L5-S1 without associated central stenosis. Acute on chronic Modic change at L4-5 suggests mild active motion segment instability. There is moderate right narrowing of the right neural foraminal outlet at L4-5 and bilaterally L5-S1. A physician progress note dated 06-04-2015 documents the injured worker is still not getting her medications. She was in some mild distress. She shifted positions frequently. She had some limited range of motion in her neck. There was diffuse tenderness with very limited range of motion in the lumbar spine. She has a positive straight leg raise in both lower extremities, and decreased sensation to the left side-sharp over both the L5 nerve root distribution. She ambulates with an antalgic gait. Treatment requested is for transforaminal epidural steroid injection bilateral L5. The patient had received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection bilateral L5: Upheld

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 Chronic Pain - Epidural steroid injections (ESIs), page 46.

Decision rationale: Request Transforaminal epidural steroid injection bilateral L5. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is 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 functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline criteria for ESI are: "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)." Consistent objective evidence of lower extremity radiculopathy was not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods, medications for chronic pain, was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Any conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. The patient had received ESI for this injury. Per the cited guidelines, "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." Evidence of objective documented pain and functional improvement, including at least 50% pain relief for six to eight weeks after the previous ESIs was not specified in the records provided. Evidence of associated reduction of medication use, after the previous ESI, was not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. With this, it is deemed that the medical necessity of request for Transforaminal epidural steroid injection bilateral L5 is not fully established for this patient. Per the cited guidelines, "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." Evidence of objective documented pain and functional improvement, including at least 50% pain relief for six to eight weeks after the previous ESIs was not specified in the records provided. Evidence of associated reduction of medication use, after the previous ESI, was not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. With this, it is deemed that the medical necessity of request for Transforaminal epidural steroid injection bilateral L5 is not fully established for this patient.