

Case Number:	CM15-0138577		
Date Assigned:	07/28/2015	Date of Injury:	11/08/2013
Decision Date:	09/23/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/17/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 62 year old male, who sustained an industrial injury on 11-08-2013. He has reported injury to the neck and low back. The diagnoses have included lumbar sprain-strain; lumbar paraspinal muscle spasms; lumbar disc herniations; lumbar radiculitis-radiculopathy of the left lower extremity; sacroiliitis of the left sacroiliac joint; chronic cervical spine strain; and chronic pain. Treatment to date has included medications, diagnostics, acupuncture, physical therapy, home exercise program, and chiropractic therapy. Medications have included Voltaren ER and Ultram. A progress note from the treating physician, dated 06-22-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of moderate to severe lower back pain, associated with severe muscle spasm and progressive limited range of motion to the lumbar spine; the pain is rated at 8 out of 10 most of the time with flare-ups reaching 9 out of 10 in intensity; pain radiates to the left leg associated with tingling, numbness, and weakness which has increased in severity and intensity; and he has pain over the left buttock radiating to the posterior and lateral aspect of the left thigh with numbness and tingling progressively increasing in severity. Documentation supports the failure of conservative treatment including physical therapy, home exercise, and acupuncture has been documented; and the injured worker has shown limited improvement. Objective findings included Gaenslen's test and Patrick Fabre test were positive; sacroiliac joint thrust demonstrated severely positive on exam; pain is noticed while standing, climbing, and standing up from a sitting position without the aid of the upper torso; lumbar paraspinal muscle spasms have been noticed on deep palpation with severe guarding associated with reproduction of pain at the level 8 out of 10

during exam; and deep palpation over lumbar spinous process at level L3, L4, L5, and S1 reproduced severe pain radiating to corresponding dermatome in the left leg. The treatment plan has included the request for first left transforaminal lumbar epidural steroid injection at levels L3-L4 and L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

First left transforaminal lumbar epidural steroid injection at levels L3-L4 and L4-L5:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines, sacroiliac blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic.

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). 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." MTUS further defines the criteria for epidural steroid injections to include: 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. The treating physician has provided documentation of objective findings to specify the dermatomal distribution of pain, radiculopathy is documented with imaging studies and failure of conservative treatments. The treating physician has met the above guidelines. As such, the request for First left transforaminal lumbar epidural steroid injection at levels L3-L4 and L4-L5 is medically necessary.