

Case Number:	CM15-0141597		
Date Assigned:	07/31/2015	Date of Injury:	07/19/1999
Decision Date:	08/31/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/21/2015

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:

This 51 year old male sustained an industrial injury to the low back on 7-19-99. Magnetic resonance imaging lumbar spine (12-2014) showed multilevel disc bulge with neural foraminal narrowing. Recent treatment consisted of physical therapy, home exercise and medications. The injured worker underwent left L2-3, L4-5 and L5-S1 transforaminal epidural steroid injections on 4-27-15. In an office visit dated 3-30-15, the injured worker reported 50% improvement in pain following recent epidural steroid injections. The injured worker rated his pain 7 out of 10 on the visual analog scale. In an office visit dated 6-26-15, the injured worker complained of pain 5 out of 10 on the visual analog scale. The injured worker's pain had ranged from 5 out of 10 to 10 out of 10 over the past month. The injured worker was undergoing a medication wean. The injured worker stated that he wanted to continue to decrease medications gradually. The injured worker stated that medications provided him with better ability to function with activities of daily living. Physical exam was remarkable for lumbar spine without tenderness to palpation, decreased range of motion, negative bilateral straight leg raise, left lumbar paraspinal muscle spasms, decreased strength at bilateral lower extremities, decreased left lower extremity deep tendon reflexes and decreased sensation at the left L2, L3, L4, L5 and S1 distribution. Current diagnoses included lumbar spine sprain and strain, failed back surgery syndrome, lumbar degenerative disc disease and lumbar spine radiculopathy. The treatment plan included continuing medications (Soma and Trazadone), decreased MS Contin and Norco, urine toxicology screening and continuing home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two left lumbar L2-L3, L4-L5, L5-S1 transforaminal epidural steroid injection with anesthesia x-ray and fluoroscopic guidance x2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (cute & Chronic).

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, there are no imaging studies to confirm the subjective and objective findings of radiculopathy. The injured worker had previous ESIs of the left lumbar in April, 2015 with a 50% improvement with pain. Additionally, per the guidelines, no more than two nerve root levels should be injected using transforaminal blocks and no more than one interlaminar level should be injected at one session. In this case, the guidelines for repeat ESI have not been met. The request for two left lumbar L2-L3, L4-L5, L5-S1 transforaminal epidural steroid injection with anesthesia x-ray and fluoroscopic guidance x2 is determined to not be medically necessary.