

Case Number:	CM15-0142231		
Date Assigned:	08/03/2015	Date of Injury:	01/27/2014
Decision Date:	08/31/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/22/2015

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: North Carolina
 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 60 year old female, who sustained an industrial injury on 01-27-2014. She has reported injury to the neck, right upper extremity, and low back. The diagnoses have included lumbar spine pain with radiculopathy; lumbar spine sprain-strain; and lumbar disc degeneration. Treatment to date has included medications, diagnostics, and physical therapy. Medications have included Norco, Motrin, and Soma. A progress report from the treating physician, dated 05-21-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant slight to intermittent moderate and occasionally severe low back pain; she notes radicular pain to the mid back, both legs, and feet with numbness and tingling, right equal to left; she notes stiffness, tightness, spasms, and difficulty sleeping; and she reports increased pain with activities. Objective findings included decreased ranges of motion of the lumbar spine; bilateral active straight leg raise test is positive with low back pain; Bragard's test is positive bilaterally; and there is decreased sensation along the L4 and L5 dermatome patterns on the left when compared to the right. The treatment plan has included the request for L4 selective nerve root block via L4 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4 selective nerve root block via L4 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: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: 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. 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 patient has the documentation of lumbar pain and there is included nerve conduction studies in the clinical documentation provided for review that corroborates dermatomal radiculopathy found on exam for the requested level of ESI. Therefore criteria have been met and the request is medically necessary.