MAXIMUS Federal Services

Case Number:	CM15-0145781		
Date Assigned:	08/06/2015	Date of Injury:	01/13/2012
Decision Date:	09/03/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/27/2015

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 47 year old male, who sustained an industrial injury on 1-13-12. The injured worker has complaints of low back pain with left lower extremity radicular pain and the pain radiates down the latero-anterior aspect of left leg stopping at the medial aspect of his calf. The documentation noted lumbar spine range of motion is restricted and straight leg raising test was positive on the left side. The documentation noted tenderness overt eh sacroiliac spine and trigger point with radiating pain and twitch response on palpation at left lumbar paravertebral muscles palpable nodule at left lumbar area. The diagnoses have included lumbago. Treatment to date has included flexeril; cymbalta; naproxen; omeprazole; injections; magnetic resonance imaging (MRI) of the cervical spine on 7-29-14 showed multilevel hypertrophic and degenerative changes, this is most prominent in the left foraminal direction at C5-C6 with resulting severe left neural foraminal narrowing; magnetic resonance imaging (MRI) of the lumbar spine on 7-28-14 showed interval decreased size of the annular bulges fissuring of the disc at this level and electromyography/nerve conduction study on 5-29-14 showed L5 and L4 radiculopathic electrophysiologic patterns were present, no myopathic and no polyneuropathy electrophysiologic. The request was for transforaminal lumbar epidural steroid injection for the left L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar epidural steroid injection for the left L4-L5: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 back pain and there is included imaging or nerve conduction studies in the clinical documentation provided for review that collaborates dermatomal radiculopathy found on exam for the requested level of ESI. Therefore, criteria have been met and the request is medically necessary.