

Case Number:	CM15-0146141		
Date Assigned:	08/07/2015	Date of Injury:	03/04/2004
Decision Date:	09/09/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/28/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 37-year-old male, who sustained an industrial injury on March 4, 2004. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included epidural steroid injection, medication, lumbar spinal cord stimulator, psychotherapy, CT scan, electrodiagnostic study, lumbar discogram, MRI, physical therapy, home exercise program, trigger point injections and dental care. Currently, the injured worker complains of low back pain with numbness and tingling in his lower extremities. The injured worker is diagnosed with post laminectomy syndrome, bilateral lower extremity radiculopathy (left great than right) and cervical disc herniation. A note dated October 7, 2014, states the injured worker continues to experience pain that has not been effectively managed by home exercise program, physical therapy, non-steroidal anti-inflammatory medications or muscle relaxants. A note dated June 30, 2015 states the injured worker experienced pain relief from the epidural steroid injection of approximately 60% that lasted for two months. The note also states the injured worker experienced improved mobility and activity tolerance due to the epidural steroid injection, and was able to titrate off opioid and anti-anxiety medications. The note states the injured worker experienced 20%-30% pain relief from the spinal cord stimulator; however, it is not as effective in managing his pain. The injured worker experienced improved range of motion and a 50% relief in pain symptoms from the trigger point injections, per note dated June 30, 2015. Due to previous efficacy, fluoroscopically guided transforaminal epidural steroid injections (one each) at the right and left S1 are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided transforaminal epidural steroid injections at the right S1 qty: 1.00:
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 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for Fluoroscopically guided transforaminal epidural steroid injections at the right S1 qty: 1.00, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or two transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there is indication of at least 50% pain relief with but not with associated reduction of medication use for 6 to 8 weeks as well as objective functional improvement from previous epidural injections. As such, the currently requested Fluoroscopically guided transforaminal epidural steroid injections at the right S1 qty: 1.00 is not medically necessary.

Fluoroscopically guided transforaminal epidural steroid injections at the left S1 qty: 1.00:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for Fluoroscopically guided transforaminal epidural steroid injections at the left S1 qty: 1.00, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or two transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there is indication of at least

50% pain relief but not with associated reduction of medication use for 6 to 8 weeks as well as objective functional improvement from previous epidural injections. As such, the currently requested Fluoroscopically guided transforaminal epidural steroid injections at the left S1 qty: 1.00 is not medically necessary.