

Case Number:	CM15-0147168		
Date Assigned:	08/10/2015	Date of Injury:	02/02/2010
Decision Date:	09/09/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/29/2015

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:

The injured worker is a 30-year-old male, who sustained an industrial injury on 02-02-2010. He has reported injury to the low back. The diagnoses have included L4-L5, L5-S1 facet syndrome; bilateral sacroiliac joint dysfunction; and L4-L5, L5-S1 degenerative disc disease with bilateral L5-S1 radicular pain. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, acupuncture, chiropractic therapy, medial branch block, physical therapy, and home exercise program. Medications have included Ibuprofen and Trazodone. A progress note from the treating physician, dated 06-03-2015, documented a follow-up visit with the injured worker. The injured worker reported low back and leg pain that is 50-70% worse; the pain range is rated from a 5 to 10 out of 10 on the pain scale; the thoracic and lumbar spine as well as the posterior leg pain has been progressively worse; he is unable to sit in the vehicle for his job as it aggravates his low back pain and elicits posterior buttock and thigh pain to the posterior knee; he is taking Ibuprofen and Trazodone which have limited benefit; the pain is so intense that he often cannot sleep at night; he has been on opiates and neuroleptics in the past and he was unable to tolerate the side effects; he has weakness in the left leg; and he is unable to stand with weight on the left leg as this increases low back pain and left posterior thigh pain. It is noted in the past he has found physical therapy 75% helpful, acupuncture 60% helpful, and facet injections 75% helpful. Objective findings included standing in a flexed forward posture with weight bearing only on the right leg; lumbar ranges of motion are decreased and elicit pain; he is tender to palpation over the midline from L1 to S1; there was more sensitivity found over L4-L5 and S1; he is very tender to palpation over the lumbar paraspinals and over the left sacroiliac joint; and he pulls away on palpation of the left sacroiliac paraspinals, L5 through S1. The treatment plan has included the request for transforaminal epidural steroid injection, lumbar L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection, Lumbar L5: 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 Epidural Steroid Injection Section Page(s): 46.

Decision rationale: Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing 2) Initially unresponsive to conservative treatment 3) Injections should be performed using fluoroscopy for guidance 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block 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 8) No more than 2 ESI injections. In this case, the injured worker has subjective complaints of an acute flare-up of low back pain with radiation. The only evidence found on physical exam is a positive straight leg raise that causes pain in the low back but no radiation into the legs. There is no corroborating imaging studies to confirm the presence of radiation. Additionally, there is no evidence of failure with conservative treatments during this acute flare-up of pain. The request for transforaminal epidural steroid injection, lumbar L5 is determined to not be medically necessary.