

Case Number:	CM15-0148408		
Date Assigned:	08/11/2015	Date of Injury:	04/02/2014
Decision Date:	09/08/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/30/2015

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: 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 40 year old male, who sustained an industrial injury on 4-2-2014. The medical records submitted for this review did not include details regarding the initial injury. Diagnoses include lumbar facet arthropathy, lumbar radiculitis, lumbar sprain-strain and anxiety. Treatments to date include medication therapy, acupuncture treatments, and epidural steroid injections. Currently, he complained of low back pain associated with numbness and tingling. On 6-23-15, the physical examination documented lumbar tenderness and positive straight leg raise test on the left with decreased sensation. The plan of care included transforaminal epidural steroid injection to L5-S1 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Epidural Steroid Injections (ESIs) as a treatment modality. ESIs are typically used for the treatment of radicular symptoms. The MTUS guidelines provide the following criteria for the use of an ESI: 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. 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. In this case, the records do not support that the first criteria has been met. Specifically, that the patient has a radiculopathy that is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient's last documented physical examination finding does not provide objective evidence of a radiculopathy. The results of the MRI from 5/29/2014 states that in the L5-S1 area, there was no evidence of neuroforaminal stenosis. Under these conditions, treatment with a transforaminal epidural steroid injection at L5-S1 is not medically necessary.