

Case Number:	CM15-0149247		
Date Assigned:	08/12/2015	Date of Injury:	02/19/2010
Decision Date:	09/28/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/31/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 50 year old female with an industrial injury dated as 02-19-2010. Her diagnoses included status post TLIF, lumbar 5 - sacral 1, lumbar radiculopathy, residual lumbar 5 paresthesia bilaterally, status post anterior lumbar interbody fusion lumbar 4-5 and lumbar 5 - sacral 2 with revision of procedure one week later and intractable pain. Comorbid conditions include diabetes, high blood pressure and low thyroid. Prior treatment included lumbar fusion, left lumbar 5 selective nerve root block, diagnostic hardware block lumbar 5-sacral 1 and discogram of lumbar 2-3, lumbar 3-4 and lumbar 4-5. She presents on 06-09-2015 with complaints of pain in her left shoulder, lower thoracic spine, low back and bilateral feet. Her pain level is rated as 10 out of 10 but is reduced to 8 out of 10 with the use of medications. Physical exam noted antalgic gait. There was tenderness and guarding in the lumbar paraspinal musculature. Range of motion of the lumbar spine was limited secondary to pain. Trigger point injection was performed and the injured worker "noted immediate improvement in her symptoms." The provider documents "most recent CT scan" results as: The fusion at lumbar 4-sacral 1 appears to be intact; however disc bulges are seen at lumbar 2-3 and lumbar 3-4. A progress report dated July 28, 2015 states that the patient has been scheduled for bilateral L3-L4 facet injections and hardware blocks at L4-S1 on the left. Subjective complaints include numbness in the left anterior shin. She has decreased strength with left ankle dorsiflexion and extensor Hallucis longus movement. A report of a CT scan of the lumbar spine from April 9, 2015 identifies mild disc bulges at L2-3 and L3-4 without definite spinal canal stenosis or neuroforaminal stenosis. An MRI reported from February 23, 2011 shows mild neuroforaminal

stenosis at L3-4 and L4-5. The treatment request is for one (1) lumbar epidural steroid injection at L3-L4.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) lumbar epidural steroid injection at L3-L4: Upheld

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 9792.20-9792.26 Page(s): page 46 of 127.

Decision rationale: Regarding the request for Lumbar epidural steroid injection, 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 to 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 are no recent subjective complaints or imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy at the proposed level of injection. Additionally, it appears there are other diagnostic/therapeutic procedures being scheduled. It seems reasonable to await the outcome of those procedures before embarking on additional interventions. As such, the currently requested Lumbar epidural steroid injection is not medically necessary.