

Case Number:	CM15-0160337		
Date Assigned:	08/26/2015	Date of Injury:	11/01/1979
Decision Date:	09/29/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/17/2015

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 61 year old male, who sustained an industrial injury on 11-1-79. He reported injury to his neck and lower back. The injured worker was diagnosed as having degeneration of lumbosacral disc. Treatment to date has included a lumbar MRI on 3-23-99 and 7-22-03, a right L3-L4 epidural injection on 7-27-99, a left-sided L5-S1 transforaminal epidural injection on 5-21-04 and 7-23-04, physical therapy, Ibuprofen and Medrol Dosepak. As of the PR2 dated 7-29-15, the injured worker reports heavy sciatic pain from buttocks all the way down to the feet. He indicated that past epidural injections have dramatically reduced his symptoms and allowed him to regain function. The treating physician requested a transforaminal epidural steroid injection at left L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection left L5-S1: 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 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. In general, ESIs are used in the treatment of radicular pain. The following are the MTUS 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, there is insufficient documentation to support the diagnosis of a radiculopathy. There is insufficient evidence in support of an L5-S1 dermatomal distribution of symptoms as noted in the medical records. There are no physical examination findings provided in the medical records that are consistent with an L5-S1 radiculopathy. There are no imaging studies or electrodiagnostic studies provided that support the diagnosis of L5-S1 radiculopathy. There appears to have been a consultation requested for a neurologic evaluation. The results of the neurologic assessment were not provided in the medical records. It is stated in the medical records, that the patient had a good response to prior ESI treatments; however, there is insufficient evidence on objective outcomes associated with prior ESI treatments. For these reasons, a transforaminal epidural steroid injection to the left L5-S1 area is not medically necessary.