

Case Number:	CM15-0160449		
Date Assigned:	08/26/2015	Date of Injury:	02/14/2007
Decision Date:	09/29/2015	UR Denial Date:	07/17/2015
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 37 year old male, who sustained an industrial injury on 2-14-2007. He reported lumbar spine, pelvic, left hip, left knee and right foot fractures due to a motor vehicle accident. Diagnoses have included displacement of lumbar intervertebral disk (IVD) without myelopathy, degeneration of lumbar or lumbosacral intervertebral disk (IVD), thoracic or lumbosacral neuritis or radiculitis unspecified and lumbosacral spondylosis without myelopathy. Treatment to date has included multiple surgeries, injections, physical therapy, spinal cord stimulator and medication. According to the progress report dated 6-4-2015, the injured worker complained of pain in his left low back, left hip, both legs and feet. He reportedly had done well with periodic left hip injections and left sacroiliac joint injections. It was noted that an undated epidural steroid injection was somewhat helpful. The injured worker was not using his spinal cord stimulator due to "overstimulation" that he felt when he turned it on. He rated his current pain as five out of ten and his worst pain as eight out of ten. Exam of the lumbar spine revealed mild loss of lumbar lordosis. There were tender trigger points in the low lumbar areas bilaterally. There was tenderness over the lower facet joints and minimally over the left sacroiliac joint. Authorization was requested for left L5-S1 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 transforaminal epidural steroid injection: 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. These guidelines have set the following criteria for use of ESIs: 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 provide sufficient evidence that the patient's current symptoms are due to an L5-S1 radiculopathy. The electrophysiologic and imaging studies referred to in support of the requested ESI are from 2007. Further, the imaging study from 2007 does not demonstrate nerve entrapment in the L5-S1 area. Further, there is insufficient information provided on physical examination findings that would be consistent with an L5-S1 radiculopathy. With insufficient evidence of a radiculopathy, the use of a Left L5-S1 Transforaminal Epidural Steroid Injection is not medically necessary.