

Case Number:	CM15-0162149		
Date Assigned:	09/21/2015	Date of Injury:	03/23/2004
Decision Date:	10/23/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/18/2015

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 53 year old female with an industrial injury dated 03-23-2004. A review of the medical records indicates that the injured worker is undergoing treatment for right total knee arthroplasty, left knee cartilage transplant, lumbar spondylosis with scoliosis and degenerative bulging disc and chronic back pain. Medical records (01-29-2015 to 07-29-2015) indicate ongoing low back pain and knee pain. According to the progress note dated 07-22-2015, the injured worker reported bilateral knee pain. Objective findings (7-22-2015) revealed 60 degrees of flexion and 10 extension lumbar spine and positive straight leg raises for back and buttock pain. The treatment plan included medication management, lumbar injection and follow up visit. In a progress report dated 07-29-2015, the injured worker reported low back pain. Lumbar range of motion was unchanged from previous exam (7-22-2015). Straight leg raises was negative. Treatment has included diagnostic studies, prescribed medications, multiple knee surgeries, one epidural injection, trial of physical therapy, and periodic follow up visits. The treating physician prescribed services for S1 transforaminal lumbar epidural steroid injection (ESI) with fluoroscopy and conscious sedation. The original utilization review determination (08-04-2015) denied the request for S1 transforaminal lumbar epidural steroid injection (ESI) with fluoroscopy and conscious sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

S1 transforaminal lumbar epidural steroid injection (ESI) with fluoro and conscious sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection and a third ESI is rarely recommended. ESI can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. In this case, there is a lack of objective clinical evidence of radiculopathy. Additionally, a prior ESI in 2013 failed to produce at least 50% pain relief that lasted six to eight weeks. The request for S1 transforaminal lumbar epidural steroid injection (ESI) with fluoro and conscious sedation is determined to not be medically necessary.