

Case Number:	CM15-0163752		
Date Assigned:	09/01/2015	Date of Injury:	09/20/2004
Decision Date:	10/06/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/20/2015

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 40-year-old male who sustained an industrial injury on 09-20-2004. Diagnoses include lumbar radiculopathy; low back pain; spinal, lumbar degenerative disc disease; and spasm of muscle. Treatment to date has included medication, physical therapy (PT), lumbar discogram, medial branch blocks and epidural steroid injections. According to the progress notes dated 7-15-2015, the IW (injured worker) reported back pain radiating down the right leg and foot rated 7 out of 10 with medications and 10 out of 10 without them. He complained that the right leg pain was worsening. His most recent epidural steroid injection on 1-30-2015 provided 50% pain relief. On examination, lumbar spine range of motion (ROM) was limited due to pain. The paravertebral muscles were tender to palpation with tight muscle bands noted bilaterally. Lumbar facet loading was positive bilaterally, as well. There was some loss of muscle strength in the bilateral lower extremities and sensory loss over the right lateral foot and lateral calf. The most recent MRI of the lumbar spine was 6-15-2012, which showed facet degenerative changes, multi-level disc bulges and L5 nerve impingement. A request was made for right L5-S1 and S1-S2 transforaminal lumbar epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 and S1-S2 transforaminal lumbar epidural injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections.

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

Decision rationale: The patient presents on 07/15/15 with lower back pain which radiates into the right lower extremity rated 7/10. The patient's date of injury is 09/20/04. Patient has no documented surgical history directed at this complaint. The request is for Right L5-S1 and S1-S2 transforaminal lumbar epidural injection. The RFA was not provided. Physical examination dated 07/15/15 reveals tenderness to palpation of the lumbar paraspinal muscles with a tight muscle band noted bilaterally, bilateral SI spinal region, and positive facet loading noted bilaterally. Sensation is noted to be decreased to light touch over the lateral foot and lateral calf on the right lower extremity and positive straight leg raise test is also noted. The patient is currently prescribed Provigil, Viagra, Colace, Senna, Gabapentin, Norco, Oxycontin, and Ambien. Diagnostic imaging included lumbar MRI dated 06/15/12, significant findings include: "L5-S1 far left lateral disc extrusion w/ superimposed severe left hypertrophic facet changes. Moderately severe left L5 neural foraminal stenosis w/ pronounced L5 nerve root impingement." Patient is currently classified as permanent and stationary, is not working. MTUS Guidelines, Epidural Steroid Injections section, page 46: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 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 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." In this case, the treater is requesting a repeat lumbar/sacral ESI at the L5-S1 and S1-S2 levels for the management of this patient's chronic lower back pain. Per progress report dated 07/15/15, the provider notes that this patient has been experiencing increasing lower back pain with a radicular component in the right lower extremity. Radiculopathy is substantiated by the 07/15/15 progress report, which includes subjective reports of pain which radiates into the right lower extremity and examination findings showing decreased sensation in the right lower extremity and positive straight leg raise on the right. Diagnostic MRI dated 06/15/12 corroborates these findings, as it indicates severe foraminal stenosis, nerve root impingement, and disc extrusion. Addressing the efficacy of prior injections, progress report dated 07/15/15 notes that the previous ESI performed on 01/30/15 at the same levels produced a 70% relief in pain lasting greater than 4 months. The documentation provided satisfies MTUS criteria for a repeat epidural steroid injection and the request is substantiated. Therefore, this request is medically necessary.