Case Number:	CM15-0163964		
Date Assigned:	09/01/2015	**Date of Injury:**	03/01/2012
Decision Date:	10/05/2015	**UR Denial Date:**	07/22/2015
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: Texas, 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 33 year old female, who sustained an industrial injury on 3-1-12. She reported low back pain. The injured worker was diagnosed as having chronic pain secondary to L5-S1 disk protrusion, left S1 radiculopathy, L5-S1 central disk protrusion displacing the left S1 nerve root, and major depression. Treatment to date has included a left L5-S1 epidural steroid injection on 5-29-15 with 2 weeks of decreased pain, physical therapy, home exercise, chiropractic treatment, TENS, H-wave, and medication. Physical examination findings on 7-7-15 included tenderness to palpation over the left lower lumbar paraspinal muscles and the left posterior-superior iliac joint. Restricted range of motion in the lumbar spine and a positive straight leg raise on the left was noted. Gait was antalgic. Currently, the injured worker complains of back pain. The treating physician requested authorization for a lumbar epidurogram, contrast dye, intravenous sedation, and fluoroscopic guidance. Other requests included a left transforaminal lumbar epidural steroid injection. The patient had received an unspecified number of PT visits for this injury. Patient had received a left L5-S1 epidural steroid injection on 5-29-15 with 2 weeks of decreased pain. The patient sustained the injury when she was assisting another person into a chair. The medication list include Celebrex, Effexor, Flexeril and Gabapentin. The patient has had MRI of the lumbar spine on 1/10/13 that revealed disc protrusions, and foraminal narrowing. The patient has had EMG on 4/24/14 that was normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidurogram, contrast dye, IV sedation, and fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/16868594.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 46.

Decision rationale: Lumbar epidurogram, contrast dye, IV sedation, and fluoroscopic guidance. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline criteria for ESI are 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). The patient has had an EMG on 4/24/14 that was normal. Radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing was not specified in the records provided. Consistent objective evidence of radiculopathy was not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods was not specified in the records provided. Conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the ESI. As stated above, ESI alone offers no significant long-term functional benefit. Patient had received a left L5-S1 epidural steroid injection on 5-29-15 with 2 weeks of decreased pain. A procedure note related to this injury were not specified in the records provided. Per the cited guidelines, "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." There was no evidence of objective documented pain and functional improvement, including at least 50% pain relief for six to eight weeks after the previous ESIs. Evidence of associated reduction of medication use after the previous ESI, was not specified in the records provided. The medical necessity of lumbar ESI is not fully established hence the request for Lumbar epidurogram, contrast dye, IV sedation, and fluoroscopic guidance (that go along with the ESI) is also not medically necessary and appropriate for this patient. With this, it is deemed that the medical necessity of request for Lumbar epidurogram, contrast dye, IV sedation, and fluoroscopic guidance is not fully established for this patient.

Left transforaminal lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain-Epidural steroid injections (ESIs), page 46.

Decision rationale: Left transforaminal lumbar epidural steroid injection. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline criteria for ESI are 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). The patient has had an EMG on 4/24/14 that was normal. Consistent objective evidence of lower extremity radiculopathy was not specified in the records provided Lack of response to conservative treatment including exercises, physical methods was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Any conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. Patient had received a left L5-S1 epidural steroid injection on 5-29-15 with 2 weeks of decreased pain per the cited guidelines, 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. Evidence of objective documented pain and functional improvement, including at least 50% pain relief for six to eight weeks after the previous ESIs was not specified in the records provided. Evidence of associated reduction of medication use, after the previous ESI, was not specified in the records provided. With this, it is deemed that the medical necessity of request for Left transforaminal lumbar epidural steroid injection is not fully established for this patient.