

Case Number:	CM15-0165068		
Date Assigned:	09/02/2015	Date of Injury:	07/31/2013
Decision Date:	10/07/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/24/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 54 year old female with an industrial injury dated 07-11-2013. The mechanism of injury is documented as a fall. Her diagnoses included lumbar disc degeneration, chronic pain, lumbar disc displacement, lumbar radiculitis, and lumbar spinal stenosis. Prior treatment included transforaminal epidural steroid injection bilateral lumbar 4-sacral 1 on 01-23-2015 with 20-50% overall improvement, physiotherapy, acupuncture, and medications. She presented on 07-20-2015 with complaints of neck pain radiating down bilateral upper extremities. The pain is associated with bilateral temporal headaches. She denied numbness, tingling, or motor weakness. She also complained of constant lower back pain radiating down the left lower extremity greater than right. She noted the pain is accompanied by numbness and muscle weakness in the bilateral lower extremities to the level of the toes. She rated the pain as 5-6 out of 10 with medications and 7-8 without medications. Physical examination revealed tenderness upon palpation in the spinal vertebral area at lumbar 4-sacral 1 level. The range of motion of the lumbar spine was moderately limited secondary to pain. Pain was significantly increased with flexion and extension. Sensory exam showed decreased sensitivity to touch in the left lower extremity. Motor examination showed moderate decreased strength in the bilateral lower extremities. The treatment request for repeat left L4-S1 transforaminal epidural injection under fluoroscopy as an outpatient was non-certified by Utilization Review on 08-18-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat left L4-S1 transforaminal epidural injection under fluoroscopy as an outpatient:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.odg-twc.com; Section: Hernia (updated 12/3/2014).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The MTUS cited recommends epidural steroid injections (ESIs) as an option for the treatment of radicular pain, and in general, no more than two total injections. The injured worker must have radiculopathy documented by exam, corroborated by imaging and/or electrodiagnostic studies, and be unresponsive to conservative management. No more than two nerve root levels should be injected with a transforaminal block or one interlaminar level injection per session. In the therapeutic phase, repeat blocks should be based on continued objective pain and functional improvement, to include at least 50% pain relief with associated reduction in medications for six to eight weeks. In the case of this injured worker, the diagnostic studies and physical exam demonstrate radicular findings. However, the available notes from the treating provider did not document changes in medication usage and objective functional improvement following the lumbar ESI on 01-23-2015. In addition, a PR-2 from the primary treating provider on 03-17-2015 stated that she had had increased pain following her ESI. Therefore, per the cited guidelines and available medical records, the request for repeat left L4-S1 transforaminal epidural injection under fluoroscopy is not medically necessary and appropriate.