

Case Number:	CM15-0167525		
Date Assigned:	09/08/2015	Date of Injury:	09/01/2009
Decision Date:	10/09/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/25/2015

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:

The injured worker is a 58-year-old female, who sustained an industrial injury on 9-1-09. The diagnoses have included lumbar radiculopathy, lumbar facet syndrome, low back pain and muscle disorder. Treatment to date has included medications, activity modifications, diagnostics, urine drug screen, physical therapy and other modalities. Currently, as per the physician progress note dated 7-31-15, the injured worker complains of low backache rated 6 out of 10 on pain scale with medications and 8 out of 10 without medications. She reports that activity level is unchanged and the quality of sleep is fair. The objective findings-physical exam reveals that she has antalgic and slowed gait. The lumbar spine exam shows restricted range of motion with flexion limited to 42 degrees limited by pain and extension limited to 12 degrees limited by pain. There is spasm and tenderness bilaterally of the paravertebral muscles. Lumbar facet loading is positive on the right side. The straight leg-raising test is positive on the right side in sitting at 75 degrees. There is tenderness noted over the sacroiliac spine and sacral notch. There is hyperesthesia over L4 and L5 lower extremity dermatomes on the right side. There was previous physical therapy sessions noted in the records. Work status is permanent and stationary. The physician requested treatment included Right L4 & L5 Transforaminal Epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4 & L5 Transforaminal Epidural steroid injection: Upheld

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

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

Decision rationale: The patient presents on 07/31/15 with lower back pain rated 6/10. The patient's date of injury is 09/01/09. Patient has no documented surgical history directed at this complaint. The request is for RIGHT L4&L5 TRANSFORAMINAL EPIDURAL STEROID INJECTION. The RFA was not provided. Physical examination dated 07/31/15 reveals tenderness to palpation of the lumbar paraspinal muscles with spasms noted (right greater than left), positive facet loading, positive straight leg raise test on the right, and bilateral sacral tenderness. Hyperesthesias are noted in the L4 and L5 dermatomal distributions on the right side and deep tendon reflexes are diminished in the bilateral lower extremities. The patient is currently prescribed Baclofen, Lidoderm, Hydrochlorothiazide, Lisinopril, and Naproxen. Diagnostic MRI dated 10/15/10 was provided, significant findings include "L4/L5 disc bulge measuring 3.7mm in neutral, flexion, and extension causing mild central canal stenosis along with facet arthrosis causing moderate bilateral neural foraminal stenosis." Patient is currently classified as permanent and stationary. 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 electro diagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support "series-of-three" injections in either the diagnostic or the 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 lumbar ESI for the management of this patient's chronic lower back pain. There is no evidence that this patient has had any lumbar ESI has to date. Per progress note dated 07/31/15, the provider notes that this patient has been experiencing ongoing lower back pain with a radicular component in the lower extremities. Radiculopathy is substantiated by the 07/31/15 progress report, which includes subjective reports of pain, which radiates into the lower extremities and examination findings showing decreased sensation and reflexes in the lower extremities, with positive straight leg raise test on the right. Diagnostic MRI dated 10/15/10 also indicates nerve root impingement at the requested levels. However, per progress notes dated 07/31/15 and 06/12/15, this patient has already been approved for a lumbar ESI at these levels, and per the provider the "patient is considering." It is not clear why the provider would request an ESI when this patient has already gained prior approval. It is not clear if this is a prospective request for a second injection, though such a request would not be supported unless the first ESI was documented to be effective. Without a rationale as to why this patient requires substantiation of an already approved medical procedure, the request as written cannot be substantiated. If the requested injection is prospective for a follow-up ESI, the physician must first provide documentation of efficacy for the first in order to substantiate another. Furthermore, per the most recent progress note, the patient is still considering the procedure and it would not be indicated without the patient's consent. Therefore, the request IS NOT medically necessary.