

Case Number:	CM15-0168959		
Date Assigned:	09/09/2015	Date of Injury:	04/29/2003
Decision Date:	10/07/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/27/2015

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: Arizona, 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 60 year old male, who sustained an industrial injury on 4-29-03. The injured worker was diagnosed as having chronic low back pain, spasticity with quadriparesis and right sciatica. Treatment to date has included oral medications including Hydrocodone 10-325mg and Oxycodone IR 30mg; L4-5 laminectomy and decompression of nerve root in right lateral recess 3-14; physical therapy, epidural steroid injection, lumbar epidural steroid injection and activity modification. (MRI) magnetic resonance imaging of lumbar spine performed on 4-20-15 revealed mild L1-2 facet arthropathy, L2-3 moderate spinal canal stenosis, L3-4 endplate ridging and disc bulge, L4-5 right sided laminectomy changes and L5-S1 significant endplate irregularity with anterior osteophytosis and degenerative signal change. On 6-24-15 the injured worker rated his pain 8 out of 10 without medications and 4-5 out of 10 with medications; and on 7-27-15, he complained of chronic lower back pain with radiation to the bilateral gluteal area with distal radiation of pain down the right posterior thigh and leg. He notes prior epidural steroid injection resulted in a reduction in the intensity of his back and right leg pain for at least 2 months. Work status is noted to be disabled for gainful employment. Physical exam performed on 7-27-15 revealed spastic quadriparesis with greater weakness in right upper and lower extremities and hyperreflexia at knees and triceps bilaterally. The treatment plan included request for lumbar epidural steroid injection, refilling of Oxycodone IR 30mg, Norco 10-325mg, prescription for Baclofen 10mg and a follow up appointment. A request for authorization was submitted on 7-27-15 for transforaminal nerve block directed towards the right L4-5 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Transforaminal nerve block directed towards the right L4-5 level: 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: According to the guidelines, the criteria for the use of Epidural steroid injections: Note: 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. 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). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007). 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 this case, the claimant received an ESI a year ago after a laminectomy with good results. However, current exam and prior MRI findings do not indicate radiculopathic findings. As a result, the request for another ESI is not medically necessary.