

Case Number:	CM15-0180168		
Date Assigned:	09/22/2015	Date of Injury:	12/07/2005
Decision Date:	11/02/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/14/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 49 year old male, who sustained an industrial injury on December 7, 2005. On July 9, 2015 the injured worker was re-evaluated. He reported no change in his symptoms since his previous evaluation. He continued to ambulate with a mild antalgic gait secondary to right knee pain. His lumbar spine range of motion remained decreased and he continued to have tenderness to palpation along the right posterior thigh, erector spinae mass musculature bilaterally and midline lumbar spine from L3 to S1. An MRI of the lumbar spine on June 4, 2015 revealed broad-based right paracentral-foraminal disc herniation at L4-5 with moderate narrowing of the caudal margin of the right neural foramen and mild canal stenosis. The evaluating physician noted that that the injured worker continued to experience chronic low back pain "recalcitrant to more conservative measures." The evaluating physician recommended epidural steroid injection for attempts at palliative pain relief and lessening of inflammation in that the injured worker cannot tolerate the use of non-steroidal anti-inflammatory medications. The injured worker was diagnosed as having right side L3-4 radiculitis likely due to disc extrusion - nerve root compression based on physical examination, MRI and electrodiagnostic studies. A request for authorization for right L4-5 transforaminal epidural steroid injection x 2 was received on August 5, 2015. On August 12, 2015, the Utilization Review physician determined right L4-5 transforaminal epidural steroid injection x 2 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 transforaminal ESI x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 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 "series-of-three" injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections. MRI of the lumbar spine dated 6/4/15 revealed at L4- L5 broad-based right paracentral/foraminal disc herniation measuring approximately 3mm with moderate narrowing of the caudal margin of the right neural foramen, there is mild canal stenosis. Per progress report dated 5/4/15, weakness of the right extensor hallucis longus muscle was noted. No sensory loss to sharp or dull stimulation was noted in the lower extremities. Reflexes were absent at the right knee and ankle and trace on the left side. The documentation submitted for review does indicate radiculopathy, however, the medical necessity of two injections cannot be affirmed as repeat injection depends on documented pain relief and functional improvement. The request is not medically necessary.