

Case Number:	CM15-0183886		
Date Assigned:	09/24/2015	Date of Injury:	02/02/2011
Decision Date:	10/29/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/18/2015

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 68-year-old female, who sustained an industrial injury on 2-2-11. The documentation on 8-3-15 noted that the injured worker has complaints of back pain that radiates to both lower extremities. The documentation noted that the injured worker reports she gets greater than 50 percent relief of her right leg pain with the last epidural. Electromyography/nerve conduction study on 9-6-13 showed no evidence of peripheral neuropathy was noted at any level in the bilateral lower extremities and no right chronic L4 denervation. Magnetic resonance imaging (MRI) of the lumbar on 8-2-13 showed there are degenerative disc changes with severe narrowing L5-S1 (sacroiliac), moderate L4-L5 with disk desiccation and mild narrowing at L3-L4. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included lumbar transforaminal injection; Norco and Neurontin. The original utilization review (8-11-15) non-certified the request for transforaminal epidural steroid injection L4/5 bilateral under fluoroscopy and monitored anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection L4/5 bilateral under fluoroscopy and monitored anesthesia: 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: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. In addition, to repeat a LESI in the therapeutic phase, repeat blocks should be based on continued objective documented decreasing pain and increasing functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Criteria for repeating the epidurals have not been met or established as the patient continues to treat for chronic pain without functional benefit from previous injections in terms of decreased pharmacological formulation, increased ADLs and decreased medical utilization. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The Transforaminal epidural steroid injection L4/5 bilateral under fluoroscopy and monitored anesthesia is not medically necessary and appropriate.