

Case Number:	CM15-0185084		
Date Assigned:	09/25/2015	Date of Injury:	08/15/2007
Decision Date:	11/06/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/21/2015

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 55 year old female who sustained an industrial injury on 8-15-07. She last worked on 5-9-15. The medical records indicate that the injured worker is being treated for disorders of the sacrum; lumbago; sciatica due to displacement of the lumbar disc; lumbar-lumbosacral degenerative disc disease; lumbar sprain-strain; cervical sprain-strain. She currently (8-25-15) complains of low back pain and pain in the gluteal region and down the left lower extremity and right lower extremity. She limps. Physical exam reveals that motor strength testing bilaterally with quadriceps, hamstrings, hip flexion and abduction, ankle dorsiflexion, ankle plantar flexion, extensor hallucis longus is graded 4-5 and gives was secondary to pain, seated straight leg raise bilaterally increases pain, supine straight leg raise on the right is positive for pain to the lower back and in non-specific distribution in the right lower extremity at 45 degrees and on the left is positive for low back pain and left lower extremity pain in non-specific distribution at 50 degrees, Fabers Test bilaterally is positive for lower back pain, there was tenderness to palpation of the paraspinal muscle, facet joints, tenderness to palpation at the sacroiliac joints. Per the 8-13-15 note, with medication, she is able to perform activities of daily living such as house hold chores to include moping, vacuuming, making beds, washing dishes. Her pain level was 4-5 out of 10 with medication and 6-7 out of 10 without medication. This level has decreased from 5-6 out of 10 with medication and 7-8 out of 10 without medication per 5-8-15 note. Her symptoms become aggravated by almost any movement. Diagnostics included MRI of the lumbar spine (8-24-15) showing degeneration of the L4-5 disc associated with minimal bulging, degeneration of the L5-S1 associated with minimal disc bulging and minute annular tear. Treatments to date include physical therapy without relief; medications; Celebrex, (per the 5-1-15 note she has tried naproxen and experienced severe dyspepsia); heating pad with

benefit; epidurals injured worker in the 5-1-15 note indicates that "they have been of great benefit and relieves her pain". The request for authorization dated 8-27-15 was for bilateral transforaminal caudal epidural injection under intravenous sedation and fluoroscopy. On 9-3-15 Utilization Review non-certified the request for bilateral L5 transforaminal epidural steroid injection with intravenous sedation under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 transforaminal/caudal epidural steroid injection with IV sedation and fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - ESI's.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back -Lumbar & Thoracic (Acute & Chronic) chapter under Epidural steroid injections.

Decision rationale: The 55 year old patient complains of lower back pain, gluteal pain, and left lower extremity pain, as per progress report dated 08/25/15. The request is for BILATERAL L5 TRANSFORAMINAL/CAUDEL EPIDURAL STEROID INJECTION WITH IV SEDATION AND FLUOROSCOPY. The RFA for this case is dated 08/17/15, and the patient's date of injury is 08/15/07. Diagnoses, as per progress report dated 08/25/15, revealed disorders of sacrum, lumbago, discogenic pain, lower back pain, degenerative disc disease, lumbar radiculopathy, S1 dysfunction, and sciatica due to displacement of the lumbar disc. The patient is off work, as per progress report dated 08/13/15. The MTUS Guidelines has the following regarding ESI under Epidural Steroid Injections (ESIs) section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "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." ODG guidelines, Low Back -Lumbar & Thoracic (Acute & Chronic) chapter under Epidural steroid injections (ESIs), therapeutic state: At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases, a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections. In this case, the patient has been diagnosed with lumbar radiculopathy. Physical examination of the lumbar spine, as per progress report dated 08/25/15, revealed tenderness to palpation in paraspinal muscles and facet joints along with positive straight leg raise and Faber test bilaterally. Corroborating MRI of the lumbar spine, dated 08/24/15, revealed disc bulge at L4-5 encroaching the exiting L4 nerve root along with minimal right lateral recess

stenosis and neural foraminal narrowing, and L5-S1 disc bulge with right greater than left central canal stenosis and some minimal neural foraminal narrowing bilaterally. However, in progress report dated 07/28/15, the treater states that the patient gets "some benefit from physical therapy, back exercises, bed rest, trigger point injections and epidural injections." In progress report dated 05/01/15, the patient reports that "epidurals in the past have been a great benefit and reliefs her pain." It is not clear where and when these epidural injections were administered. The treater does not document the efficacy of these injections either. MTUS requires documentation of "continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks" for repeat injections. Hence, the request IS NOT medically necessary.