MAXIMUS Federal Services

Case Number:	CM15-0187526		
Date Assigned:	10/02/2015	Date of Injury:	05/17/2010
Decision Date:	11/16/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/23/2015

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 60 year old female who sustained an industrial injury on 05-17-2010. Current diagnoses include degeneration of lumbar disc, thoracic or lumbosacral radiculopathy, lumbosacral spondylosis, and sciatica. Report dated 08-11-2015 noted that the injured worker presented with complaints that included low back pain radiating into the right leg. Pain level was 9 (without medications) out of 10 on a visual analog scale (VAS). Physical examination performed on 08-11-2015 revealed pain in the right L4, L5, and S1 dermatomes, straight leg raise and Spurling's are positive. Previous treatments included medications, physical therapy, acupuncture, TENS, and home exercises. On 04-06-2015, the injured worker underwent a right L3-4 and L4-5 transforaminal epidural steroid injection with over 50% relief of all pain and symptoms. The treatment plan included requests for Norco and Lyrica, urine drug screen was collected, continue with home exercise program, continue bracing, request for repeat bilateral L3-4, L4-5 transforaminal steroid injections, and return in 4 weeks. Request for authorization dated 08-17-2015, included requests for bilateral lumbar transforaminal epidural steroid injection at L3-4 and L4-5 under x-ray. The utilization review dated 08-24-2015, non-certified the request for bilateral lumbar transforaminal epidural steroid injection at L3-4 and L4-5 under x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Transforaminal Epidural Steroid Injection at L3-4 and L4-5 under X-Ray: 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 with back pain to right foot, posterior and anterior of leg to top of foot. Right back pain worse with walking. The request is for Bilateral Lumbar Transforaminal Epidural Steroid Injection at L3-4 and L4-5 under X-Ray. The request for authorization is dated 07/25/15. The patient is status post right Transforaminal Epidural Steroid Injection, 04/16/15. Physical examination reveals right L4, L5 and S1 nerve root dermatomes with pain, strength 5/5, reflex symmetric, SLR positive, Spurling positive. She reports previous relief of over 50% of all pain and symptoms with a lumbar epidural steroid injection in the remote past. Patient's medications include Pantoprazole, Gabapentin, Senna, DSS Sodium, Benazepril, Cymbalta, and Norco. Per progress report dated 08/11/15, the patient is retired.MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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." Per progress report dated 08/11/15, treater's reason for the request is "Patient reports more right than left pain 70:30." In this case, patient presents with back pain radiating to the right foot, and physical examination findings reveal radicular symptoms. However, no imaging study is provided to corroborate radiculopathy. MTUS requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, for repeat injections, MTUS requires 50% pain relief for six to eight weeks. In this case, treater documents relief of over 50% from previous injection but does not discuss how long the pain relief lasted. Given lack of documentation, this request does not meet guideline indications. Therefore, the request is not medically necessary.