

Case Number:	CM15-0187561		
Date Assigned:	09/29/2015	Date of Injury:	05/04/2006
Decision Date:	11/10/2015	UR Denial Date:	09/17/2015
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, 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 45 year old male with a date of injury on 05-04-2006. The injured worker is undergoing treatment for low back pain syndrome, lumbar-thoracic radiculopathy, lumbar disc herniation without myelopathy, lumbar disc degeneration, lumbar spondylosis without myelopathy, and facet arthropathy. He has lumbosacral tenderness. A physician progress note dated 08-07-2015 documents the injured worker complain of increased low back pain over the past few days, and mid toes on the right dorsal foot numbness. Current medications include Motrin, Elavil, Tramadol and he was given a prescription for Norco. A physician progress note dated 08-25-2015 documents the injured worker has complaints of chronic low back pain. He has decreased activity level and quality of life has worsened. His pain radiates to the anterior thigh and medial calf to the instep of his left leg. Objective findings consisted of restricted lumbar ranges of motion due to pain. There is L4 and L5 tenderness. He has a positive Gaenslen's test, lumbar facet loading bilaterally, straight leg raise in the left, positive Faber test, and sacroiliac spine tenderness. He is requesting pain intervention as in the past it helped him long enough that he did not need narcotics. Current medications include Tramadol and Ativan. Treatment to date has included diagnostic studies, medications, sacral transforaminal epidural injection on 05-13-2014, L4 and L5 bilateral medial nerve branch blocks 07-03-2014, physical therapy, chiropractic sessions, home exercises, use of a Transcutaneous Electrical Nerve Stimulation unit, massage and acupuncture. Current medications include Tramadol and Ativan. On 09-17-2015 Utilization Review non-certified the request for TF Lumbar Epidural Injection at L4-5 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

TF Lumbar Epidural Injection at L4-5 Bilaterally: 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: 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 a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The documentation submitted for review does not contain physical exam findings of radiculopathy. MRI of the lumbar spine revealed at L4-L5 mild degenerative disc changes and a 3.8mm disc protrusion that effaces the thecal sac. There was bilateral neural foraminal narrowing with encroachment on the L4 exiting nerve roots. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented, so medical necessity is not affirmed. As the first criteria is not met, the request is not medically necessary.