

Case Number:	CM15-0187816		
Date Assigned:	09/29/2015	Date of Injury:	12/11/2014
Decision Date:	11/09/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/24/2015

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: Preventive Medicine, Occupational Medicine

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 with an industrial injury date of 12-11-2014. Medical records indicate she is being treated for lumbar strain, osteopenia, degenerative disc lumbar 3-lumbar 4 with retrolisthesis and annular tear with mild to moderate right neural foraminal stenosis, degenerative disc disease lumbar 2-lumbar 3 with mild central and right lumbar 3 nerve root stenosis and grade I spondylolisthesis lumbar 4-5 with facet hypertrophy with mild to moderate central and lateral recess stenosis. Subjective complaints (07-29-2015) included persistent low back pain worse with prolonged sitting, walking, bending or lifting. She also complained of occasional pain in her left buttock but denied radiating leg pain. She stated that her pain "interferes with all of her activities." Work status 07-29-2015 is documented as "working without restrictions." Prior treatment included 8-12 treatments of physical therapy "which provided temporary relief." She was doing a home exercise program. Her medications as listed as Metoprolol, Losartan and Claritin. Diagnostics included MRI of lumbar spine (03-23-2015) which was read as follows: Fibro vascular endplate signal changes are seen along the right side of the disc space where Schmorl's nodes are noted. Mild retrolisthesis of lumbar 3 on lumbar 4 as well as broad based disc bulging demonstrating an annular tear within the left foraminal region is noted. There is mild bilateral facet arthropathy as well as mild unfolding of the ligamentum flavum. These findings contribute to mild canal stenosis with narrowing of the lateral recesses, mild to moderate narrowing of the right neural foramen with mild contact of the exiting lumbar 3 nerve root and mild neural foraminal narrowing. At lumbar 2-3 multifactorial degenerative changes contribute to mild central canal stenosis with contact of the traversing

lumbar 3 nerve roots bilaterally. Correlation for lumbar 3 radiculopathy is suggested. There is mild right neural foraminal narrowing. The left neural foramen remains patent. At lumbar 4-5 grade 1 spondylolisthesis of lumbar 4 on lumbar 5 is likely related to facet hypertrophic changes. Additional multifactorial degenerative changes contribute to mild to moderate central canal stenosis with narrowing of the lateral recesses and contact of the traversing lumbar 5 nerve roots. There is mild bilateral neural foraminal narrowing with slight contact of the exiting left lumbar 5 nerve root by facet hypertrophic changes. Physical exam (07-29-2015) revealed normal gait without limp or weakness. Toe and heel walking were performed "without observed deficits." Lumbar range of motion and motor and sensory function in the lower extremities is documented as within normal limits. The treatment request is for Lumbar Transforaminal Epidural Steroid Injection at L2-L3, L3-L4, and L4-L5. On 08-24-2015 the request for Transforaminal Epidural Steroid Injection at L2-L3, L3-L4, and L4-L5 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Transforaminal Epidural Steroid Injection at L2-L3, L3-L4, and L4-L5: 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: Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; 2) Initially unresponsive to conservative treatment; 3) Injections should be performed using fluoroscopy for guidance; 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block; 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; 8) No more than 2 ESI injections. In this case, the injured worker denies radiculopathy. Additionally, there is no evidence on physical exam of radiculopathy and imaging studies do not corroborate a diagnosis of radiculopathy. The request for lumbar transforaminal epidural steroid injection at L2-L3, L3-L4, and L4-L5 is not medically necessary.