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| Case Number: | CM15-0188343 | | |
| Date Assigned: | 09/30/2015 | Date of Injury: | 01/17/1997 |
| Decision Date: | 12/03/2015 | UR Denial Date: | 09/15/2015 |
| 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, 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 44 year old male, who sustained an industrial injury on 1-17-97. The injured worker is diagnosed with lumbago, post lumbar laminectomy syndrome, lumbar-lumbosacral intervertebral disc degeneration, sciatica and thoracic or lumbosacral neuritis-radiculitis (unspecified). His work status is full duty. Notes dated 6-25-15 and 8-28-15 reveals the injured worker presented with complaints of constant low back pain with shooting pain down his lower extremities, bilaterally, and pins and needles in his feet rated at 6-7-out of 10. Physical examinations dated 6-25-15 and 8-28-15 revealed decreased and painful lumbar range of motion, tenderness to palpation of the lumbar facets, positive straight leg raise bilaterally and pain with palpation of the lumbar scar. Treatment to date has included surgical intervention x5, medications, home exercise program; the therapeutic response was not noted. Diagnostic studies include an MRI dated 8-10-15, which revealed post-operative changes and mild to moderate bilateral foraminal stenosis at L5-S1 per physician note dated 8-28-15. A request for authorization dated 9-8-15 for 1 lumbar transforaminal epidural steroid injection left L4-L5 and L5-S1 under fluoroscopy-outpatient is non-certified, per Utilization Review letter dated 9-15-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar transforaminal epidural steroid injection at left L4/L5 and L5/S1 under fluoroscopy, as outpatient: 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. Per progress report dated 8/28/15, physical exam revealed slightly decreased strength of 5-/5 in the bilateral feet with dorsiflexion and inversion and decreased sensation in the L4 and L5 dermatomes. MRI of the lumbar spine dated 8/10/15 revealed evidence of a prior laminectomy and discectomy at L4-L5 and a degenerative disc bulge at L5-S1 and slight hypertrophic changes of the superior facets of S1 without compromise of the central spinal canal and mild foraminal narrowing. 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. As the imaging study available for review does not corroborate an L4-L5 radiculopathy, the request is not medically necessary.