

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0189980 | | |
| Date Assigned: | 10/02/2015 | Date of Injury: | 09/07/2014 |
| Decision Date: | 11/09/2015 | UR Denial Date: | 09/16/2015 |
| Priority: | Standard | Application Received: | 09/28/2015 |

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: North Carolina

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58 year old male with a date of injury on 9-7-14. A review of the medical record indicates that the injured worker is undergoing treatment for back and left knee pain. Progress report dated 9-3-15 reports constant lower back pain rated 6-7 out of 10. He has left buttock pain and bilateral groin pain, worse on the left side cramping of left testicle. He reports loss of strength in his legs and he has cramping behind the left knee and leg. He has left knee pain rated 6 out of 10. He is having difficulty with daily activities. He completed physical therapy with no improvement. He has not yet received any injections and he is not currently taking any medication. Objective findings: lumbar spine on palpation has moderately severe muscle spasm bilaterally, range of motion is limited, positive straight leg raising test in the supine position at 60 degrees, Kemp test is positive. MRI of lumbar spine performed 8-14-14 revealed disc desiccation at T12-L1 through L5-S1 with associated loss of disc height, L3-4 diffuse disc herniation, disc material and facet hypertrophy causes bilateral neural foraminal narrowing, L5-S1 diffuse disc herniation, disc measurement 2.5 mm. Treatments include: medication and physical therapy. Request for authorization was made for Transforaminal epidural steroid injection at L4-L5 and L5-S1. Utilization review dated 9-14-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection at lumbar L4-L5 and L5-S1 (sacroiliac): 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 California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is 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 functional benefit. 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 patient has the documentation of back pain however there is no included imaging or nerve conduction studies in the clinical documentation provided for review that collaborates dermatomal radiculopathy found on exam for the requested level of ESI. Therefore, criteria have not been met and the request is not medically necessary.