

Case Number:	CM15-0191550		
Date Assigned:	10/05/2015	Date of Injury:	09/01/2009
Decision Date:	11/10/2015	UR Denial Date:	08/29/2015
Priority:	Standard	Application Received:	09/29/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 46 year old male with a date of injury on 09-01-2009. The injured worker is undergoing treatment for lumbar disc displacement without myelopathy, lumbar or lumbosacral disc degeneration, thoracic or lumbosacral neuritis or radiculitis and lumbosacral spondylosis. A physician note dated 02-20-2014 documents "he can hopefully avoid surgery with an occasional epidural and facet injection, which have been suggested by the qualified medical evaluator." He is complaining of more problems with his right leg. He has symptoms in both legs but right is greater than left. He has numbness and tingling down both legs right greater than left. He has S1 sensation loss. There is tenderness at L5-S1 and a positive straight leg raise. He has lumbar muscle tightness in her lumbar extensors. A physician progress note dated 08-12-2015 documents the injured worker returns today. He has not been seen since 2014. He would like to pursue lumbar injections. Based on his prior Magnetic Resonance Imaging and persistent symptoms a request will be made for bilateral L5 and S1 lumbar transforaminal epidural injections. Documented treatments include diagnostic studies. A Magnetic Resonance Imaging of the lumbar spine dated 02-20-2015 revealed degenerative disk disease at L5-S1 with disk bulge and a tiny central extrusion but no significant central canal or neural foraminal narrowing. Focal Schmorl's node of the superior endplate with reactive marrow change may represent a focal acute endplate insufficiency fracture. On 08-29-2015 Utilization Review non- certified the request for bilateral L5 and S1 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 and S1 transforaminal epidural steroid injection: 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: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, Epidural injections, page 46, recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. In addition there must be demonstration of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case the exam notes cited do not demonstrate a failure of conservative management nor do the findings on MRI from 2/20/15, which demonstrates no evidence of nerve root compression, correlate with the injured workers symptoms. Therefore, according to the guidelines, the request is not medically necessary.