

Case Number:	CM15-0191848		
Date Assigned:	10/05/2015	Date of Injury:	12/20/2014
Decision Date:	11/18/2015	UR Denial Date:	09/23/2015
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: 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 58-year-old female, who sustained an industrial injury on 12-20-14. The documentation on 8-31-15 noted that the injured worker has complaints of low back pain rated as 9 out of 10; neck, upper and mid back, and bilateral leg pain rated as 9 out of 10 and headaches, bilateral shoulders and feet pain rates as 8 out of 10. Lumbar spine examination noted there was tenderness to palpation over the paraspinal region; straight leg raise test was positive and range of motion lacked 10 degrees in all planes. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy and L1 and L2 compression fracture. Treatment to date has included 6 sessions of physical therapy with increase in her pain; tramadol; cyclobenzaprine; naproxen and protonix. The documentation on 8-31-15 noted that the injured worker is taking less amount of medications than before. Lumbar spine magnetic resonance imaging (MRI) on 6-18-15 revealed T12 to L1 there is a 4 millimeter broad-based posterior disc protrusion; L1 to L2 there is an old compression fracture deformity at the superior endplate of L1 vertebral body with 25-50 percent vertebral body weight loss anteriorly and centrally; L4-L5 there is a 3 millimeter circumferential disc bulge; there is mild bilateral neural foraminal narrowing; there is bilateral facet joint hypertrophy; L5-S1 (sacroiliac) there is a 3 millimeter circumferential disc bulge and there is bilateral facet joint hypertrophy. Electromyography and nerve conduction velocity study in June 2015 showed consistent with chronic bilateral L4-5 radiculopathy. The injured worker is currently on modified work duties. The original utilization review (9-23-15) denied the request for lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar 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: 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. MRI of the lumbar spine dated 6/18/15 revealed at T12-L1 there is a 4mm broad-based posterior disc protrusion; L1-L2 there is an old compression fracture deformity at the superior endplate of L1 vertebral body with 25-50% vertebral body weight loss anteriorly and centrally; L4-L5 there is a 3mm circumferential disc bulge; there is mild bilateral neural foraminal narrowing; there is bilateral facet joint hypertrophy; L5-S1 (sacroiliac) there is a 3 millimeter circumferential disc bulge and there is bilateral facet joint hypertrophy. Per office note dated 4/15/15, sensory examination revealed decreased sensation in the L4, L5, and S1 dermatomes. Manual muscle testing revealed +5/5 strength in hip flexion, knee extension, ankle dorsiflexion, foot extension, and great toe extension. Reflexes were 2+ at the patellar and Achilles tendons bilaterally. 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 are not met, the request is not medically necessary.