

Case Number:	CM15-0192424		
Date Assigned:	10/06/2015	Date of Injury:	07/10/2007
Decision Date:	11/18/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/30/2015

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, Oregon, Washington
 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 54 year old female who sustained an industrial injury on July 10, 2007. An initial pain management visit dated December 01, 2014 reported previous treatment to include: activity modification, medication, physical therapy, injections, surgical intervention. Current subjective symptom noted: "low back pain that is present on a non-constant basis," "pain numbness and tingling radiating down the posterolateral portion of the left lower extremity," and "pain in right foot with cramping in the toes, and numbness and tingling into the foot." There is also complaint of "left groin pain, and left knee pain." She states "spending about 80% of the day in bed." She does believe her current medications, which are essentially unchanged, "do provide benefit." Current medications listed: meloxicam, Norco, Sprix, Flexeril, and Senna. The following diagnoses were applied to this visit: post laminectomy and fusion syndrome; left greater trochanteric bursitis, and left knee strain. She is requesting another injection. A pain management visit date April 10, 2015 reported the worker presenting post-operatively after administration of lumbar epidural steroid injection March 24, 2015. She states "the injection was effective for relieving her low back pain." She has increased flexibility and decreased spasms in the low back. She does report "continued right leg clenching on an intermittent basis." She states she wishes to proceed with left hip replacement. Medications are unchanged. August 13, 2015 pain management follow up reported subjective complaint of "ongoing low back and left hip pain." She is status post left hip replacement approximately 10 weeks prior and continuing with physical therapy having transitioned to home exercises. She states, "Her low back pain remains

significantly impairing to her ADLs." She also reports "increased anxiety and depression." The plan of care is with requesting recommendation for left transforaminal epidural injection, lumbar epidurogram. On August 28, 2015 request for a lumbar epidurogram noted with denial from Utilization review on September 04, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L2-3, L3-4 and L4-5 transforaminal epidural steroid injection and left epidurogram, contrast dye and IV (intravenous) sedation under fluroscopic guidance per 08/13/15 order:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/10319985>.

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 a clear evidence of a dermatomal distribution of radiculopathy. Therefore the determination is for non-certification. The request is not medically necessary.