

Case Number:	CM15-0192666		
Date Assigned:	10/06/2015	Date of Injury:	03/29/2011
Decision Date:	11/19/2015	UR Denial Date:	09/11/2015
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, 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 65 year old female, who sustained an industrial injury on 3-29-2011. A review of the medical records indicates that the injured worker is undergoing treatment for low back pain, lumbar degenerative disc disease, lumbar post-laminectomy syndrome, lumbar radiculopathy, myalgia, numbness, and chronic pain. On 8-28-2015, the injured worker reported low back and right leg pain rating her symptoms as 8-9 out of 10 without pain medications and 3-4 out of 10 with medications. The Primary Treating Physician's report dated 8-28-2015, noted the injured worker's pain about the same, with the back pain manageable with the medications reducing her pain greater than 50%. The injured worker's current medications were noted to include Zohydro ER, Norco, Flexeril, Ambien, Zithromax Z-Pak, Norvasc, Medrol pak, Albuterol inhaler, Flonase, Estratest, Scopolamine patch, Celebrex, Singular, and Restoril. The physical examination was noted to show diminished sensation in the right lateral leg and lateral foot, sciatic notches pain free to palpation, sacroiliac joints nontender bilaterally, with tenderness to palpation over the lumbar paraspinals, limited range of motion (ROM) with flexion and extension, and positive straight leg raise on the right. The injured worker was noted to have had a "SNRB at L5-S1, which helped significantly when done prior to surgery", noted to have "reduced her pain over 50% for several months allowing her to do more activity and reduce the amount of medication she was taking". Prior treatments have included lumbar surgeries with most recent a L2-L3 interbody fusion on 10-17-2014, physical therapy, bracing, radiation treatment for an acoustic neuroma, epidural steroid injections (ESIs) in 2011, 2012, and 2013 noted as not providing any lasting benefit, H-wave, and medications including Norco, Flexeril,

Senokot, Lidoderm patches, Celebrex, Tramadol, Lyrica, and Zohydro. The treatment plan was noted to include medication prescriptions, including restarting the Lyrica, and appeal of the transforaminal lumbar epidural steroid injection (ESI). The request for authorization dated 8-31-2015, requested a right L5-S1 transforaminal epidural steroid injection. The Utilization Review (UR) dated 9-11-2015, non-certified the request for a right L5-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:

Right L5-S1 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

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 diminished sensation in the right lateral leg and lateral foot. It was noted that she had an SNRB at L5-S1 previously which reduced her pain over 50% for over several months allowing her to do more activity and reduce the amount of medication she was taking. Per progress report dated 9/29/15, motor strength of the bilateral lower extremities was graded 5/5. Reflexes were intact bilaterally and symmetric. MRI dated 6/2014 revealed at L5 a minor disc bulge principally left sided and extending into the right foraminal area as well. Status of the fusion of the L3 through L5 levels was not indicated. 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 is not met, the request is not medically necessary.

