

Case Number:	CM15-0193295		
Date Assigned:	10/07/2015	Date of Injury:	06/06/2009
Decision Date:	11/18/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/02/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 60 year old female with a date of injury on 06-06-2009. The injured worker is undergoing treatment for lumbar degenerative disc disease with radiculitis. A physician note dated 04-01-2015 documents the injured worker has an epidural transforaminal injection at L3-4 on the left authorized but it was not yet scheduled. A physician progress note dated 08-20-2015 documents the injured worker complains of low back pain due to degenerative disc and joint disease. She has restricted lumbar range of motion and there is tenderness to palpation of the bilateral lumbar paraspinals. She has had some epidurals in the past on the left L3 and L4 which helped significantly, usually lasting 6-8 months. She continues to work full time with modifications of not lifting more than 50 pounds. Treatment to date has included diagnostic studies, medications, and chiropractic sessions. Medications include Mobic and Flexeril. An unofficial Magnetic Resonance Imaging of the lumbar spine dated 02-10-2015 reveals spondylosis progressive from the previous exam, notable for progressive disc narrowing and desiccation at L1-2 where there is a new small central sub ligamentous extrusion with cephalad migration. No significant central stenosis. There is variable degrees of foraminal encroachment are about the same as before aside from a light progressive narrowing bilaterally at L3-4 secondary to greater foraminal disc bulges. On 09-21-2015 Utilization Review non-certified the request for Left L3 and L4 lumbar transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3 and L4 lumbar transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS 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: Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include; 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment. 3) Injections should be performed using fluoroscopy for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block. 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. 8) No more than 2 ESI injections. Per the available documentation, the injured worker has had previous epidural steroid injections with stated significant relief. However, in this case, there is no quantitative evidence of the significance of prior relief, therefore, the request for Left L3 and L4 lumbar transforaminal epidural steroid injection is determined to not be medically necessary.