

Case Number:	CM15-0194427		
Date Assigned:	10/08/2015	Date of Injury:	01/03/2015
Decision Date:	11/16/2015	UR Denial Date:	09/09/2015
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: Arizona, California

Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained an industrial injury on 01-03-2015. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for low back pain, left lower extremity radicular pain, lumbar back sprain, and sciatica. Treatment and diagnostics to date has included physical therapy and medications. Current medications include Hydrochlorothiazide, Aspirin, Atenolol, and Cyclobenzaprine. Lumbar spine MRI report dated 03-04-2015 stated loss of normal lumbar lordosis, 4mm broad based disc bulging at L3-L4 and L4-L5 causing bilateral neural foraminal narrowing, and a 3mm central disc bulge at L5-S1 with a focus of high T2 signal intensity, "worrisome for annular tear." After review of progress notes dated 07-21-2015 and 08-18-2015, the injured worker reported pain in her low back, left leg, right leg, and left foot. Objective findings included lumbar spine paraspinal muscle tenderness and spasms with gluteal-sciatic notch tenderness and left sided straight leg raise test. The request for authorization dated 08-18-2015 requested follow up, 2 series of L4-5 and L5-S1 transforaminal epidural steroid injection, MRI lumbar spine, and electromyography-nerve conduction velocity studies of bilateral lower extremities. The Utilization Review with a decision date of 09-09-2015 modified the request for 2 series of left L4-5 and L5-S1 transforaminal epidural steroid injections to 1 series of left L4-5 and L5-S1 transforaminal epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Series Left L4-5 and L5-S1 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: According to the guidelines, the criteria for the use of Epidural steroid injections: Note: The purpose of ESI is 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 functional benefit. 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. In this case, the claimant's prior MRI did not indicate nerve root encroachment or impingement. The prior EMG did not show radiculopathy. The request for the ESI is not justified and not medically necessary.