Case Number:	CM15-0197152		
Date Assigned:	10/12/2015	Date of Injury:	01/25/2010
Decision Date:	12/01/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/07/2015

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 51-year-old female, who sustained an industrial injury on 01-25-2010. She has reported injury to the bilateral wrists, neck, and low back. The diagnoses have included cervical disc disease; cervical radiculopathy; status post bilateral carpal tunnel release; lumbar degenerative disc disease with disc herniation L5-S1 with stenosis; and lumbar radiculopathy. Treatment to date has included medications, diagnostics, cervical epidural steroid injection, lumbar epidural steroid injection, physical therapy, and surgical intervention. Medications have included Motrin, Tylenol No., Colace, Gabapentin, and Protonix. A progress note from the treating physician, dated 08-07-2015, documented a follow-up visit with the injured worker. The injured worker reported low back pain, which she rates at 5 out of 10 in intensity; her low back pain has increased since her last visit; she feels a burning sensation in her low back and the pain is aggravated with walking; she has had at least 50% improvement of her pain since the injection; she has neck pain, which remains unchanged since her last visit; and she takes her medications regularly. Objective findings included she is in no apparent distress; gait is antalgic on the left; heel-toe walk exacerbates her antalgic gait on the left; there is spasm and guarding noted in the cervical spine; axial head compression and Spurling sign are positive; there is facet tenderness on palpation at C4 through C7 levels; cervical spine ranges of motion are decreased; there is decreased sensation in the C6 and C7 dermatomes bilaterally; lumbar spine range of motion is limited; there is tightness and tenderness noted over the lumbar paravertebral muscles; Kemp's test, seated straight leg raise, and supine straight leg raise are all positive on the left; there is decreased sensation in the L5 and S1 dermatomes on the left; and Farfan test is positive

on the right and the left. The treatment plan has included the request for repeat lumbar transforaminal epidural steroid injection at left L5-S1 and left S1. The original utilization review, dated 09-10-2015, non-certified the request for repeat lumbar transforaminal epidural steroid injection at left L5-S1 and left S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat lumbar transforaminal epidural steroid injection at left L5-S1 and left S1: Overturned

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: 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 the medical records submitted for review, the injured worker previously underwent left L5-S1 and S1 transforaminal epidural steroid injection on 6/13/15. Per progress report dated 8/7/15, it was noted that the injured worker reported 50- 60% improvement of her pain for approximately six to eight weeks. She reported a decrease in radicular symptoms and numbness and tingling. She reported being able to bend and stoop with greater ease. She stated that she was able to decrease intake of medications. I respectfully disagree with the UR physician's assertion that the documentation did not support repeat injection. The request is medically necessary.