

Case Number:	CM15-0197326		
Date Assigned:	10/12/2015	Date of Injury:	01/04/2010
Decision Date:	11/25/2015	UR Denial Date:	09/09/2015
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

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:

This injured worker is a 41 year old male, who sustained an industrial injury on 01-04-2010. The injured worker was diagnosed as having status post discectomy on L4-L5 and L5-S1 on 07-29- 2015, displacement of lumbar disc and lumbar radiculopathy. On medical records dated 08-30- 2015, the subjective complaints were noted as low back pain. Objective findings were noted as lumbar spine revealed no pain with range of motion and no tenderness to palpation over lumbar spinous processes, facet joints and SI joints. Sensory was normal L1 through S1. Straight leg raise was positive on the right. The injured worker underwent imaging of lumbosacral bending only 4 views on 09-25-2014 revealed posterior facet arthropathy at L4-L5 and L5-S1 with slight widening of the disc space posteriorly at L4-L5 on flexion. Treatments to date included physical therapy evaluation, injections in the past that were noted to have minimal improvement, surgical intervention and medication. Current medications were not listed on 08-30-2015. The Utilization Review (UR) was dated 09-09-2015. A Request for Authorization was dated 08-31- 2015 for Right L5-S1 Lumbar Transforaminal Epidural Steroid Injection was submitted. The UR submitted for this medical review indicated that the request for Right L5-S1 Lumbar Transforaminal Epidural Steroid Injection was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 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 (ESI) 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. In this case, the injured worker is status post discectomy on L4-L5 and L5-S1 (07-29-2015). Recent physical examination revealed no pain with range of motion and no tenderness to palpation over lumbar spinous processes, facet joints and SI joints. Sensory was normal L1 through S1. Straight leg raise was positive on the right. Although there is a subjective complaint of radiculopathy on the right, there are no post-surgical imaging studies to support a diagnosis of radiculopathy. Additionally, previous ESIs provided minimal relief, therefore, the request for right L5-S1 lumbar transforaminal epidural steroid injection is not medically necessary.