

Case Number:	CM15-0197710		
Date Assigned:	10/13/2015	Date of Injury:	09/08/2014
Decision Date:	11/20/2015	UR Denial Date:	09/22/2015
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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 57 year old female, who sustained an industrial injury on 09-08-2014. She has reported subsequent low back, neck, knee and lower extremity pain and was diagnosed with lumbosacral disc degeneration, lumbago, spondylosis, degenerative disc disease of the cervical spine and cervical radiculopathy. MRI of the lumbar spine dated 05-07-2015 showed broad based posterior and left paracentral herniation of L3-L4, broad based posterior herniation of L4-L5, diffuse posterior bulge of L2-L3 disc with right foraminal herniation, posterior and right paracentral bulge of L5-S1 disc all causing mild narrowing of the central canal and neural foramina, bilaterally and mild generalized facet arthropathy, more at L5-S1 level. Treatment to date has included pain medication, bilateral medial branch blocks of L3-L5, bilateral sacroiliac joint injections, steroid injection of the knee, physical therapy and surgery, which were noted to have failed to significantly relieve the pain. Steroid injection of the knee was noted to provide good pain relief. In a progress note dated 07-22-2015, the injured worker was noted to have continued severe bilateral back pain, right more than left with radiation to the groin and lateral knees that was rated as 9 out of 10 on average. Objective findings showed a limping gait, lumbar paraspinous tenderness with pain in the bilateral sacroiliac joints, positive bilateral facet loading test and decreased range of motion due to pain. The plan included a bilateral L3-L5 medial branch block. In a progress note dated 09-09-2015, the injured worker reported continued bilateral back pain right more than left with radiation to the right lateral knee that was rated as 10 out of 10 without medication and 8 out of 10 with medication. Average pain level was rated as 10 out of 10. The physician noted that a bilateral L3-L5 medial branch block improved pain by only 20-30% and was quite painful. Objective examination findings revealed

a limping gait, tenderness to palpation of the lumbar paraspinal muscles, painful sacroiliac joint on the left and right, decreased range of motion due to pain and intact sensation of the lower leg except bilateral lateral thighs. Work status was documented as full duty. The physician noted that bilateral L5 transforaminal epidural steroid injection would be requested. A request for authorization of bilateral transforaminal epidural steroid injection with moderate sedation, QTY:1 was submitted. As per the 09-22-2015 utilization review, the request for bilateral transforaminal epidural steroid injection with moderate sedation, QTY:1 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 Transforaminal Epidural Steroid Injection with Moderate Sedation, QTY: 1:
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 CA MTUS Chronic Pain Medical Treatment Guidelines, Epidural injections, page 46, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. In addition there must be demonstration of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case the exam notes cited do not demonstrate a failure of conservative management nor a clear evidence of a dermatomal distribution of radiculopathy. Therefore, the determination is for non-certification.