

Case Number:	CM15-0198312		
Date Assigned:	10/13/2015	Date of Injury:	09/25/2007
Decision Date:	12/02/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/08/2015

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 60 year old male, who sustained an industrial injury on 09-25-2007. He has reported injury to the low back. The diagnoses have included bilateral L3 and L4 radiculopathy with bilateral lower extremity weakness; L4-L5 disc protrusion; bilateral L4-L5 neural foraminal stenosis; L3-L4 disc protrusion; L3-L4 stenosis; lumbar facet joint pain; lumbar facet joint arthropathy; central L3-L4 and L5-S1 disc protrusion with annular disc tear; moderate bilateral L4-L5 foraminal stenosis; and lumbar sprain-strain. Treatment to date has included medications, diagnostics, activity modification, and epidural steroid injection. Medications have included Naprosyn, Flexeril, Ibuprofen, Ultracet, Soma, and Celebrex. A progress note from the treating physician, dated 09-14-2015, documented a follow-up visit with the injured worker. The injured worker reported bilateral low back pain radiating to the bilateral lower extremities; exacerbating factors include bending, twisting, lifting, and prolonged sitting, standing, and walking; mitigating factors include rest; and he is maintaining 75% improvement since receiving the fluoroscopically-guided left L3-L4 and left L4-L5 transforaminal epidural steroid injection. Objective findings included there is tenderness upon palpation of the lumbar paraspinal muscles overlying the right T10-12 facet joints; lumbar ranges of motion were mildly restricted by pain in all directions; lumbar discogenic provocative maneuvers were positive; pelvic rock and strait leg raise were positive bilaterally; and muscle stretch reflexes were decreased and symmetric bilaterally in all limbs. The treatment plan has included the request for fluoroscopically guided transforaminal epidural steroid injection of the right L3-L4 and right L4-L5. The original

utilization review, dated 09-28-2015, non-certified the request for fluoroscopically guided transforaminal epidural steroid injection of the right L3-L4 and right L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopic guided transforaminal epidural steroid injection of the right L3-L4 and right L4-L5: 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 progress report dated 8/10/15 it was noted that the injured worker previously underwent right L3-L4 and right L4-L5 transforaminal epidural steroid injection which provided 75% improvement for more than six months with decreased tramadol intake. The diagnoses have included bilateral L3 and L4 radiculopathy with bilateral lower extremity weakness; L4-L5 disc protrusion; bilateral L4-L5 neural foraminal stenosis; L3- L4 disc protrusion; L3-L4 stenosis; lumbar facet joint pain; lumbar facet joint arthropathy; central L3-L4 and L5-S1 disc protrusion with annular disc tear; moderate bilateral L4-L5 foraminal stenosis. I respectfully disagree with the UR physician's assertion that the date of previous injection was not documented. Prior injection was on 7/3/14 and 4/2/15. The request is medically necessary.