

Case Number:	CM15-0202822		
Date Assigned:	10/19/2015	Date of Injury:	12/11/2009
Decision Date:	12/01/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/15/2015

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 60 year old female, who sustained an industrial injury on 12-11-09. The documentation on 9-2-15 noted that the injured worker has complaints of lumbar spinal pain rates as a 4 to 5 out of 10 in severity on the subjective pain scale. The documentation noted that the injured worker has radiculopathy in her right lower extremity. The documentation noted that physical examination was deferred as an extensive period of time was spent discussing this injured workers treatment plans and options as well as additional interventional medicine recommended by the pain management specialist. The documentation on 7-29-15 noted that the injured workers lumbar spine examination revealed movements are painful with flexion, right lateral bending and lateral rotation to the right. On examination of paravertebral muscles, hypertonicity, spasm, tenderness and tight muscle band is noted on the right side. Straight leg raising test is positive on the right. FABER (for flexion, abduction, and external rotation) test is positive on the right. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified and other affections of shoulder region, not elsewhere classified. Computerized tomography (CT) scan myelogram in 2011 showed L4-L5 2 millimeter disc bulge and L5-S1 (sacroiliac) 5 millimeter disc protrusion. Electromyography in 2012 showed right S1 (sacroiliac) radiculopathy. Treatment to date has included tramadol; gabapentin; norco and laminectomy and discectomy on the left in 2011. The original utilization review (9-30-15) non-certified the request for right L4-L5 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 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. 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 demonstrates radiculopathy of L5-S1 on exam and imaging as well as nerve studies. The pain was only partially controlled with medications and the claimant was already recommended to undergo PT. The L4-L5 dermatome was intact and the imaging indicated disc bulging at this level but not nerve encroachment. The request for the ESI of L4-L5 is not medically necessary.