

Case Number:	CM15-0204036		
Date Assigned:	10/22/2015	Date of Injury:	07/24/2002
Decision Date:	12/10/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/16/2015

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 male who sustained an industrial injury 07-24-02. A review of the medical records reveals the injured worker is undergoing treatment for lumbar degenerative disc disease, chronic pain, lumbar discogenic spine pain, cervical myofascial pain syndrome, lumbar facet arthropathy, and radiculopathy. Medical records (08-25-15) reveal the injured worker complains of chronic low back pain and sciatica with persistent spasm and ache in the left leg as well as neck pain referred to the bilateral hands. The pain is rated at 4-9/10. The physical exam (08-25-15) reveals the cervical spine has a flexed forward posture with limited range of motion. Tenderness to palpation is noted in the thoracic and lumbar spines. Hyperextension and turning reproduces his right lumbar pain. Sciatic notch tenderness is present. Spasms are noted in the bilateral lumbar spine. Sensation to pain is decreased in the right L4-S1. Sensation to light touch is decreased in the right lower extremity. Prior treatment includes medications, physical therapy, home exercises, moist heat, and stretches. The original utilization review (10-05-15) non certified the request for a right transforaminal injection, with x-ray and fluoroscopy at L4-5, L5-S1, and S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar Transforaminal Injection, Anesthesia with X-Ray, under Fluoroscopic Guidance at levels L4-L5, L5-S1 and S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines, 2015, Pain (Chronic) Chapter, Sedation.

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 9/30/15, decreased sensation to pin prick was noted about the right L4, L5, and S1 dermatomes. Light touch was decreased about the right lower extremity. Reflexes were intact bilaterally in the lower extremities. Motor strength was normal in the upper and lower extremities. Imaging study was not available for review. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented, so medical necessity is not affirmed. As the first criteria is not met, the request is not medically necessary. Furthermore, there was no rationale provided for the use of sedation.