

Case Number:	CM15-0204440		
Date Assigned:	10/21/2015	Date of Injury:	11/30/2011
Decision Date:	12/09/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/19/2015

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 35 year old female, who sustained an industrial injury on 11-30-2011. The injured worker is undergoing treatment for lumbar disc herniation, right leg radiculopathy, lumbar disc annular tear. On 6-23-15, she reported increasing low back and leg pain. She also reported having had one day since her last visit with leg pain equal to her pre-surgical level. On 7-31-15, she reported improved low back pain with continued pain radiation into the right leg to the calf. She rated her pain as 10 out of 10 twice a week and indicated it was controlled with medications. On 8-4-15, she reported increased low back and leg pain. Objective findings revealed tenderness and muscle spasm in the low back, surgical scar and diminished range of motion with the low back. The treatment and diagnostic testing to date has included MRI of the lumbar spine (7-23-15), sacroiliac joint injection (5-8-15), QME (5-6-15), and home exercise program, lumbar surgery (2014). Medications have included Keflex, Flexeril, Colace, Norco, Ambien, Albuterol inhaler, Naproxen. Current work status is temporarily totally disabled, off work. The request for authorization is for lumbar epidural steroid injection at L3-4 and L5. The UR dated 9-29-2015: non-certified the request for lumbar epidural steroid injection at L3-4 and L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI at L3-4 and L5: 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: 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 note dated 6/3/15, it was noted that sensation to light touch and pinprick in the upper and lower extremities was intact. Reflex at the patellar and Achilles tendon was 2-3+ bilaterally. Motor exam was not documented. MRI of the lumbar spine dated 7/23/15 revealed: The L3-4 interspace appears slightly narrowed with loss of disk hydration signal. There is mild to moderate posterior disk protrusion at this level, which measures approximately 4.3 mm beyond the adjacent posterior vertebral body margins. There is effacement of the adjacent anterior thecal sac and a high signal at the posterior margin of the disk on T2 thought to be consistent with tear of the annulus. The L4-5 and L5-S1 interspaces show no significant features of extrinsic encroachment. There is facet arthropathy on the left. Artifacts obscure some of the detail on the lower lumbar region. 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 criterion is not met, the request is not medically necessary.