

Case Number:	CM15-0207543		
Date Assigned:	10/26/2015	Date of Injury:	04/22/2015
Decision Date:	12/08/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/21/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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(n) 45 year old female, who sustained an industrial injury on 4-22-15. The injured worker was diagnosed as having lumbar radiculopathy and sacroiliac joint dysfunction. Subjective findings (9-24-15, 10-12-15) indicated lower back pain that radiates to the left leg. The injured worker rated her pain 7 out of 10 on a good day and 9 out of 10 on a bad day. Objective findings (9-24-15, 10-12-15) revealed positive straight leg raise test on the left at 35 degrees, severe tenderness over the lower lumbar facets and sacroiliac joints and a positive Faber's sign. There is also decreased sensation in the left L5 and S1 distribution. Treatment to date has included physical therapy (number of sessions not provided), Norco, Ibuprofen, Gabapentin and Nortriptyline. The Utilization Review dated 10-13-15, non-certified the request for a transforaminal epidural steroid injection at the left L5-S1 levels under fluoroscopic guidance, anesthesia and x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

One transforaminal epidural steroid injection at the left L5-S1 levels under fluoroscopic guidance, anesthesia and x-ray: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, 2015 Chapter: Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include; 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment. 3) Injections should be performed using fluoroscopy for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block. 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) No more than 2 ESI injections. In this case, radiculopathy is not corroborated by imaging studies and there is no clear indication that the injured worker has failed with other conservative measures of treatment. The request for one transforaminal epidural steroid injection at the left L5-S1 levels under fluoroscopic guidance, anesthesia and x-ray is determined to not be medically necessary.