

Case Number:	CM15-0208209		
Date Assigned:	10/27/2015	Date of Injury:	04/08/2014
Decision Date:	12/15/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/22/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old female who sustained an industrial injury on 4-8-14. A review of the medical records indicates she is undergoing treatment for herniation of lumbar nucleus pulposus - left L5-S1 and central L4-5 disc extrusions, lumbosacral spondylosis without myelopathy, and sprain or strain of lumbar region. Medical records (9-14-15, 9-17-15) indicate complaints of low back and sacral pain that radiates to the right lower extremity, buttock posterior thigh, calf, and lateral foot. She indicates numbness and tingling in the distal right lower extremity to the foot, as well as right lower extremity weakness. She rates her pain "10 out of 10" (9-17-15). The physical exam (9-17-15) reveals tenderness to palpation of the midline sacrum. Lumbar range of motion is noted to be diminished on extension. The straight leg raise is positive on the right while sitting for pain in the sacrum, right buttock, and right lower extremity. Motor strength is "5 out of 5" in all lower extremity muscles. Sensation is noted to be "normal" in bilateral lower extremities. Her gait is noted to be "normal". Diagnostic studies have included x-rays of the lumbar spine and an MRI of the lumbar spine. The treating provider indicates that the injured worker underwent a right L5 transforaminal epidural steroid injection on 8-5-14 and had "only mild improvement in low back pain". Other treatment has included physical therapy, chiropractic treatments, a home exercise program, medications, a lumbar support, use of ice and heat, acupuncture, and water exercises. She is not working. The treatment recommendations include a right L5 transforaminal epidural steroid injection with conscious sedation, as the injured worker is requesting sedation. The utilization review (9-25-15) includes a request for authorization of right L5 transforaminal epidural steroid injection with conscious sedation. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5 transforaminal epidural steroid injection with conscious sedation x1 by PMR (Physical Medicine and Rehabilitation): 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 (ODG) guidelines for Pain (chronic) chapter last updated 9/8/15 Regarding sedation.

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

Decision rationale: The patient presents with numbness and tingling in the distal right lower extremity to the foot, as well as right lower extremity weakness. The current request is for right L5 transforaminal epidural steroid injection with conscious sedation x1 by PMR. The treating physician states, in a report dated 09/17/15, "Will schedule for repeat LESI, patient requesting sedation this time, request authorization for right L5 transforaminal epidural steroid injection with conscious sedation." (253B) The MTUS guidelines state, "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. On 05/15/14, the patient was diagnosed with acute lumbar radiculopathy/radiculitis with L4-5 disc herniation with stenosis. She received a right L5 transforaminal epidural steroid injection on 08/05/14. In this case, the treating physician, based on the records available for review, fails to document at least 50% pain relief. Additionally there is no recommendation in the guidelines for an ESI to be performed under sedation. The current request is not medically necessary.