MAXIMUS Federal Services

Case Number:	CM15-0208515		
Date Assigned:	10/27/2015	Date of Injury:	09/24/2013
Decision Date:	12/15/2015	UR Denial Date:	09/24/2015
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, 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 29-year-old male, with a reported date of injury of 09-24-2013. The diagnoses include lumbar sprain and strain, lumbar paraspinal muscles spasms, lumbar disc herniation, lumbar radiculitis and radiculopathy of the left lower extremity, and sacroiliitis of the left sacroiliac joint. The progress report dated 08-19-2015 indicates that the injured worker complained of low back pain, rated 4-7 out of 10 (07-13-2015 and 08-19-2015) with radiation to the left lower extremity to the foot, with left leg numbness to the knee. There was increased low back pain with prolonged sitting, standing, and walking. The injured worker also had pain in the buttocks. It was noted that an MRI of the lumbar spine on 08-05-2014 showed herniated nucleus pulposus at L5-S1. It was also that there was no change in the injured worker's functional status since the last visit and examination. The physical examination showed no distress; an erect posture; an antalgic gait; and movement with stiffness and protection. The injured worker has been instructed to return to modified duties on 08-19-2015.The diagnostic studies to date have included a urine drug screen on 03-09-2015 with negative findings; a urine drug screen on 06- 11-2015 with negative findings; a urine drug screen on 07-13-2015 with negative findings; and computerized range of motion and muscle test on 06-11-2015. Treatments and evaluation to date have included left sacroiliac joint injection on 05-06-2015, chiropractic treatment, and acupuncture treatment. The treating physician requested a lumbar transforaminal epidural steroid injection at left L5-S1. On 09-23-2015, Utilization Review (UR) non-certified the request for a lumbar transforaminal epidural steroid injection at left L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Transforaminal Epidural Steroid Injection at left L5-S1: 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.MRI of the lumbar spine dated 8/15/14 revealed at L5-S1 a 2mm midline disc protrusion resulting in mild effacement of the anterior thecal sac with no neural abutment or central canal narrowing. Per progress report dated 6/1/15, physical exam noted deep tendon reflexes 2+ bilaterally at the ankle and knee; motor strength was 5/5 in all muscle groups of the bilateral lower extremities; and sensation was intact to light touch and pinprick in the lower extremities. 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.