

Case Number:	CM15-0026412		
Date Assigned:	02/18/2015	Date of Injury:	01/24/2012
Decision Date:	04/16/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/11/2015

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: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 46-year-old woman sustained an industrial injury on 1/24/2012. The mechanism of injury is not detailed. Current diagnoses include lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and bilateral sacroiliac joint arthropathy. Treatment has included oral medications, physical therapy, chiropractic treatment, rest, and a home exercise program. On 1/30/2015, Utilization Review evaluated prescriptions for transforaminal lumbar epidural steroid injection to the bilateral L3-L4 and L4-L5 and two additional stellate ganglion blocks, that were submitted on 2/11/2015. The Utilization Review physician noted the worker's clinical presentation is not consistent with radiculopathy. Epidural steroid injections are not recommended in the absence of radiculopathy. Further, more than three injections are not recommended. The MTUS, ACOEM Guidelines, (or ODG) was cited. A letter of appeal has been submitted dated 4/1/15 at which time it is noted that the injured worker is status post stellate ganglion block on 12/15/14. She was 80% better for a week and following the stellate ganglion block she experienced no burning sensation to outer side of left shoulder, arm, wrist, and cold sensation had improved. With regards to the lumbar radiculopathy, it is noted that the injured worker has decreased sensation to the bilateral L4, L5, S1 dermatomes and has positive straight leg raise with reproduction of symptoms. It is also noted that magnetic imaging resonance has demonstrated spinal canal stenosis at L3-4 with impingement of the thecal sac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal LESI, bilateral L3-L4 and L4-L5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45-46.

Decision rationale: Per the MTUS guidelines, in order to proceed with epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the treating physician has submitted an appeal noting that the injured worker has decreased sensation to the bilateral L4, L5, S1 dermatomes and has positive straight leg raise with reproduction of symptoms. It is also noted that magnetic imaging resonance has demonstrated spinal canal stenosis at L3-4 with impingement of the thecal sac. The request for lumbar epidural steroid injection at the proposed levels is supported to address the injured worker's radiculopathy and increase function. The request for Transforaminal LESI, bilateral L3-L4 and L4-L5 is medically necessary.

Two additional stellate Ganglion blocks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Stellate ganglion block, CRPS, sympathetic and epidural blocks Page(s): 107, 38-39.

Decision rationale: According to the MTUS guidelines, local anesthetic Stellate Ganglion Blocks consistently gives 90 to 100 percent relief each time a technically good block is performed (with measured rise in temperature). The procedure may be considered for individuals who have limited duration of relief from blocks. In this case, the injured worker is status post stellate ganglion block on 12/15/14. She was 80% better for a week and following the stellate ganglion block she experienced no burning sensation to outer side of left shoulder, arm, wrist, and cold sensation had improved. The request for repeat procedures given the results of the past block is supported per the MTUS guidelines. The request for two additional stellate Ganglion blocks is medically necessary.