

Case Number:	CM15-0210184		
Date Assigned:	10/29/2015	Date of Injury:	04/19/2010
Decision Date:	12/10/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/26/2015

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: 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 52 year old female, who sustained an industrial injury on 4-19-10. The injured worker was diagnosed as having lumbosacral spondylosis. Treatment to date has included physical therapy and medication including Gabapentin and Flexeril. On 9-16-15 physical exam findings included 5 of 5 strength and a positive straight leg raise test on the right. Reflexes were noted to be normal and gait was noted to be steady. On 9-16-15 the treating physician noted "the patient has clear-cut lateral recess stenosis at her last large disc. She has transitional vertebrae counting from the last rib down." On 9-16-15, the injured worker complained of leg pain with muscle weakness. Numbness and tingling were noted in the feet. On 10-7-15 the treating physician requested authorization for a lumbar spine transforaminal epidural steroid injection to L4-5 with sedation. On 10-13-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine transforaminal epidural steroid injection to L4-5 with sedation: 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, Pain (Chronic) Chapter regarding sedation: Epidural Steroid Injections (ESIs).

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

Decision rationale: The current request is for lumbar spine transforaminal epidural steroid injection to L4-5 with sedation. Treatment to date has included physical therapy and medication including Gabapentin and Flexeril. The patient's work status is not addressed. MTUS, page 46, Epidural steroid injections (ESIs) Section states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In addition, MTUS states that the patient must be "Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs and muscle relaxants.)" For repeat ESI, MTUS states, "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." Per report 09/16/15, the patient presents with chronic low back pain and leg pain with muscle weakness. Numbness and tingling were noted in the feet. Physical examination findings included 5 of 5 strength and a positive straight leg raise test on the right. Reflexes were noted to be normal. The treater states "the patient has clear-cut lateral recess stenosis at her last large disc. She has transitional vertebrae counting from the last rib down." The treater states that the patient has not tried an epidural injection, and made a request for a lumbar transforaminal epidural steroid injection at level L4-5 with sedation. MRI of the lumbar spine from 08/15/13 showed mild canal narrowing at L4-5 and L5-S1. An updated MRI was obtained and read on 07/09/15 which revealed "Mild multilevel degenerative disc disease and facet degeneration. There is no central canal narrowing. There is minimal to mild neural foraminal narrowing at the L3-4 and L4-5 levels." This patient presents with radicular symptoms; however, the MRI findings do not corroborate the patient's lower extremity complaints. There was no documentation of significant herniation or stenosis, as required by MTUS for the consideration of an epidural steroid injection. Therefore, this request is not medically necessary.