MAXIMUS Federal Services

Case Number:	CM15-0211781		
Date Assigned:	10/30/2015	Date of Injury:	08/19/1996
Decision Date:	12/14/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/28/2015

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:

This injured worker is a 75 year old male, who sustained an industrial injury on 08-19-1996. The injured worker was diagnosed as having lumbar disc degenerative, chronic pain - other, lumbar facet arthropathy, lumbar radiculopathy, status post fusion lumbar spine, and lumbar spinal stenosis. On medical records dated 09-16-2015, the subjective complaints were noted as neck pain and low back pain. Pain was rated a 4 out of 10 with medication and a 7 out of 10 without medication. Objective findings were noted as lumbar spine was noted to have spasms in bilateral paraspinous muscular. Tenderness was noted upon the palpation in the bilateral paravertebral area L3-S1. Range of motion was moderately to severely limited. Pain was significantly increased with flexion and extension. Decreased sensitive to touch along the L4-L5 dermatome in bilateral lower extremities was noted and straight leg raise was positive. Treatments to date included therapy, medication, and transforaminal epidural steroid injection bilateral L4-L5 on 01-20-2015. The injection was noted to have good results noted a 50 to 80% overall improvement and the duration of improvement was 4 months. Current medications were not listed as Doxepin, Flexeril, Tylenol with codeine, Omeprazole Dr, Glipizide, Janumet, Lipoflavonoid, Lisinopril, Niacin, and Pravastatin. The Utilization Review (UR) was dated 09-28-2015. A Request for Authorization was dated 09-21-2015. The UR submitted for this medical review indicated that the request for bilateral L4-5 Transforaminal ESI with Fluoroscopy was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 Transforaminal ESI with Fluoroscopy: Overturned

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: 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, the injured worker has previously received ESI treatment at L4-L5 on 01-20-2015. The injection was noted to have good results with noted 50 to 80% overall improvement in pain and the duration of improvement was 4 months. The request for bilateral L4-5 Transforaminal ESI with fluoroscopy is determined to be medically necessary.