MAXIMUS Federal Services

Case Number:	CM15-0212296		
Date Assigned:	11/02/2015	Date of Injury:	12/23/2011
Decision Date:	12/18/2015	UR Denial Date:	09/23/2015
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, 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 55 year old female injured worker suffered an industrial injury on 12-23-2011. The diagnoses included chronic pain, bilateral wrist sprain, sciatica and bilateral knee contusions. On 9-15-2015, the provider reported low back pain radiating into the bilateral lower extremities right greater than left. She reported she was having a flare up rated 9 out of 10 and with medication was 7 out of 10. She was using 1 half tablet of Buprenorphine and now was using 1 tablet 2 times a day. She also was using TENS, Gabapentin and Naproxen. She used a can for mobility due to altered gait. On exam, the lumbar spine was tender with associated muscle tension along with reduced range of motion. Sensations were decreased in the left lower extremity. The provider noted she had a prior epidural steroid injection in 9-11-2014 with about 50% relief and was able to walk and exercise better with less pain. The provider noted the injection lasted about 10 months. The 6-3-2015, 7-14-2015 and 8-13-2015 visits pain levels with medication ranged from 2 to 3 out of 10 and admitted the pain does fluctuate during the month. Request for Authorization date was 9-16-2015. Utilization Review on 9-23-2015 determined non- certification for Transforaminal epidural steroid injection with imaging guidance at L4-L5 and L5-S1 with lumbar epidurogram, IV sedation, fluoroscopic guidance and contrast dye.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection with imaging guidance at L4-L5 with lumbar epidurogram, IV sedation, fluoroscopic guidance and contrast dye: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural steroid injections.

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

Decision rationale: The patient presents with pain affecting the low back radiating to the bilateral lower extremities. The current request is for Transforaminal epidural steroid injection with imaging guidance at L4-L5 with lumbar epidurogram, IV sedation, contrast dye, and fluoroscopic guidance. The treating physician report dated 10/27/15 (152B) states, "She does state that she still has low back pain radiating down into her right thigh and into the left calf with associated numbness and tingling." The MTUS Guidelines do recommended ESIs as an option for "treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical reports provided show that the patient has received previous ESI's with the most recent injection occurring on 11/4/14 contributing to a 50% reduction in pain. In this case, the patient presents with low back pain that radiates down to the right leg. Furthermore, the diagnoses of lumbar radiculopathy is corroborated by an MRI dated 03/02/2012 (154B). The current request satisfies the MTUS guidelines as outlined on page 46. The current request is medically necessary.

Transforaminal epidural steroid injection with imaging guidance at L5-S1 with lumbar epidurogram, IV sedation, fluoroscopic guidance and contrast dye: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural steroid injections.

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

Decision rationale: The treating physician report dated 10/27/15 (152B) states, "She does state that she still has low back pain radiating down into her right thigh and into the left calf with associated numbness and tingling." The MTUS Guidelines do recommended ESIs as an option for "treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical reports provided show that the patient has received previous ESI's with the most recent injection occurring on 11/4/14 contributing to a 50% reduction in pain. In this case, the patient presents with low back pain that radiates down to the right leg. Furthermore, the diagnoses of lumbar radiculopathy is corroborated by an MRI dated 03/02/2012 (154B). The current request satisfies the MTUS guidelines as outlined on page 46. The current request is medically necessary.