

Case Number:	CM15-0212937		
Date Assigned:	11/02/2015	Date of Injury:	07/19/2012
Decision Date:	12/16/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/29/2015

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: Emergency 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:

The injured worker is a 50-year-old female, who sustained an industrial injury on 07-19-2012. A review of the medical records indicates that the worker is undergoing treatment for left cubital tunnel syndrome, low back pain and lumbar radiculopathy. MRI of the lumbar spine on 03-03-2014 was noted to show L5-S1 degenerative bone and disk changes with 2 mm annular disk bulge encroaching on the epidural fat and abutting the thecal sac and mild degenerative disk changes L4-L5 with 1 mm annular disk bulge minimally encroaching on the thecal sac. Treatment has included Gabapentin, Flector patch, Celebrex, transforaminal epidural steroid injection (TFESI) and physical therapy. Subjective complaints (05-13-2015, 07-08-2015 and 09-02-2015) included neck and low back pain rated as 3-5 out of 10 with medications and 7-8 out of 10 without medications with increased low back pain and radiation down the left lower extremity as well as neck pain with radiation down the left upper extremity. Activity level was noted to have decreased. Celebrex and Flector were not authorized. Objective findings (05-13-2015, 07-08-2015 and 09-02-2015) included decreased range of motion of the lumbar spine, spasm, tenderness and tight muscle band to palpation of the paravertebral muscles, positive straight leg raise on the left in supine position, decreased bilateral ankle and patellar jerks, decreased motor strength on the left at EHL and ankle dorsiflexors with decreased sensation to pin prick over the L4-S1 lower extremity dermatomes on the left side. The physician noted that a left L4, L5 and S1 transforaminal epidural steroid injection was being requested due to increased pain in this dermatome and that last TFESI in March 2015 provided 70% pain relief for several months, however there was no documentation submitted after the injection to indicate significant relief or

objective functional improvement after injection administration. A utilization review dated 10-16-2015 non-certified request for transforaminal epidural steroid injection at the left L4, L5 and S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection at the left L4, L5 and 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: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may be recommended if it meets criteria. 1) Goal of ESI: ESI has no long-term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for LESI besides pain control. There is no long-term plan. Fails criteria. 2) Unresponsive to conservative treatment. There is no appropriate documentation of prior conservative therapy attempts. Patient has been stable on medications. It is unclear why ESI was being requested for stable back pain. Fails criteria. 3) Patient had a reported LESI in the past. MTUS guidelines recommend during therapeutic phase that after 1st injection, pain relief of over 50% should last for up to 6-8 weeks. There is documentation of appropriate improvement with prior reported LESI. Meets criteria. 4) Not more than 2 levels are to be blocked. This request is for 3 levels. Fails criteria. Patient fails multiple criteria for lumbar epidural steroid injection. Lumbar epidural steroid injection is not medically necessary.