

Case Number:	CM15-0213267		
Date Assigned:	11/03/2015	Date of Injury:	03/27/2010
Decision Date:	12/21/2015	UR Denial Date:	10/19/2015
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: 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:

This is a 47 year old female with a date of injury on 3-27-10. A review of the medical records indicates that the injured worker is undergoing treatment for chronic back pain. Progress report dated 10-5-10 reports epidural steroid injection given a month and a half ago was very helpful. The pain is rated 7-8 out of 10 and was 10 out of 10. Objective findings: lumbar spine tender to palpation, she continues to have a right L5-S1 radiculopathy with tenderness to palpation, forward flexion limited to 30 degrees, extension to 10, lateral flexion and lateral rotation is limited to 20 and 10 bilaterally, positive slump test bilaterally, motor strength 5 out of 5, sensation is diminished in the bilateral L5 and S1 dermatomes and deep tendon reflex exam is 2 plus at the patella and Achilles. MRI of lumbar spine 5-28-10 revealed 4 mm anterolisthesis related to severe bilateral hypertrophy. EMG bilateral lower extremities 4-3-12 revealed normal study with no evidence of radiculopathy, plexopathy, myopathy or peripheral neuropathy. Treatments include: medication, home exercise program, epidural steroid injections, chiropractic and manipulation under anesthesia. Request for authorization dated 10-5-15 was made for Right L5-S1 transforaminal epidural steroid injection. Utilization review dated 10-19-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 transforaminal epidural steroid injection: 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: The patient was injured on 03/27/10 and presents with low back pain. The request is for right L5-S1 transforaminal epidural steroid injection. The RFA is dated 10/05/15 and the patient is not currently working. She had a prior ESI at right L5-S1 on 07/07/15. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 46, Epidural Steroid Injections (ESIs) section states: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." 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."The patient has tenderness to palpation through the L4, L5, and S1 spinous process and paraspinal muscles, as well as right L5-S1 radiculopathy with tenderness to palpation. She is diagnosed with chronic back pain. The 05/28/10 MRI of the lumbar spine revealed a 4 mm anterolisthesis related to severe bilateral hypertrophy. Although the patient presents with radiculopathy, the provided MRI does not show any pathologies consistent with potential nerve root lesion. In the absence of a clear dermatomal distribution of pain corroborated by imaging, ESI is not indicated. Furthermore, the patient had a prior lumbar caudal ESI on 07/07/15. However, the treater has not documented a reduction in pain, the duration of pain relief, and a reduction of medication from the prior injection. MTUS Guidelines require documentation of at least 50% pain relief with associated reduction of medication use for six to eight weeks, which the treater has not provided. Therefore, the requested lumbar spine epidural steroid injection is not medically necessary.