

Case Number:	CM15-0215342		
Date Assigned:	11/05/2015	Date of Injury:	03/06/1987
Decision Date:	12/18/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/02/2015

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:

The injured worker is a 66 year old female, who sustained an industrial injury on 03-06-1987. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for low back pain multilevel disc herniation, lumbar radiculopathy, chronic pain, and lumbar facet syndrome. Medical records (05-21-2015 to 09-24-2015) indicate ongoing low back pain radiating into the right lower extremity. Pain levels were rated 8-9 out of 10 in severity on a visual analog scale (VAS) without medications, and 4 out of 10 with medications. The IW reported increased pain with increased exercise and activities. Records also indicate that the IW suffered a recent fall on her back 04-14-2015 resulting in increased pain. The IW's work status was not specified. The physical exam, dated 09-24-2015, revealed tenderness over the cervical spine with increasing muscle tension and spasms, tight muscles bands and spasms in the low back resulting in limited range of motion, positive straight leg raise on the right at L5-S1 distribution, decreased motor strength in the right lower extremity, and abnormal sensation along the S1 dermatome pattern. Relevant treatments have included: physical therapy (PT), lumbar epidural steroid injections (LESI), work restrictions, and medications. A MRI of the lumbar spine (08-03-2011) was available for review and showed multilevel discogenic disease, multilevel disc bulges, and a 2mm central disc protrusion without central or foraminal stenosis or lateral recess stenosis. The PR and request for authorization (09-24-2015) shows that the following treatments were requested: LESI at right L5 and S1, and transforaminal epidural steroid injection (TESI) at S1-. The original utilization review (10-07-2015) non-certified the request for lumbar LESI at the right L5 and S1, and the TESI) at S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at right 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: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection and a third ESI is rarely recommended. ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. In this case, the injured worker had a lumbar MRI on 08-03-2011 which revealed multilevel discogenic disease, multilevel disc bulges, and a 2mm central disc protrusion without central or foraminal stenosis or lateral recess stenosis. Although there is a subjective complaint of radiculopathy, these complaints are not corroborated by the imaging studies obtained. The request for lumbar epidural steroid injection at right L5 and S1 is determined to not be medically necessary.

Transforaminal epidural steroid injection at 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: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection and a third ESI is rarely recommended. ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must

be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. In this case, the injured worker had a lumbar MRI on 08-03-2011 which revealed multilevel discogenic disease, multilevel disc bulges, and a 2mm central disc protrusion without central or foraminal stenosis or lateral recess stenosis. Although there is a subjective complaint of radiculopathy, these complaints are not corroborated by the imaging studies obtained. The request for transforaminal epidural steroid injection at S1 is determined to not be medically necessary.