

Case Number:	CM15-0218390		
Date Assigned:	11/10/2015	Date of Injury:	11/30/2012
Decision Date:	12/28/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/05/2015

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, District of Columbia,
Maryland Certification(s)/Specialty: Anesthesiology, Pain Management

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 36 year old, female who sustained a work related injury on 11-30-12. A review of the medical records shows she is being treated for low back, right leg and right ankle pain. In the progress notes dated 9-21-15 and the Orthopedic Spinal Surgery Initial Consultation notes dated 10-19-15, the injured worker reports aching and stabbing low back pain with occasional radiation to the right leg. She has numbness of the dorsal lateral surface of her right ankle and foot. She rates her pain a 10 out of 10 without medications. She gets pain relief with medication. She has had a significant weight gain of 58 pounds since ankle surgery. Upon physical exam dated 9-19-15, she has decreased lumbar range of motion. She has decreased sensation of the right L5 and S1 dermatome. Treatments have included right S1 transforaminal epidural injection on 5-22-15, a lumbar epidural steroid injection in April, 2015- "disappointing", right ankle repair, aqua therapy, physical therapy, and medications. There are no documented results of effectiveness of the lumbar epidural steroid injections or the physical therapy. Current medications include Norco, Flexeril, Tramadol and Neurontin. She is temporarily totally disabled. The treatment plan includes a request for a right L5-S1 transforaminal steroid injection. The Request for Authorization dated 10-21-15 has a request for a right L5-S1 transforaminal epidural steroid injection. In the Utilization Review dated 10-29-15, the requested treatment of a right L5-S1 transforaminal epidural steroid injection is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right L5-S1 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 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. Per progress report dated 10/19/15 physical exam noted sensation was decreased in the right L5 and S1 dermatome. Patellar deep tendon reflex was 1+ on the right and 2+ on the left. Achilles deep tendon reflex was 1+ on the right and 2+ on the left. There was 4/5 strength at the right EHL, anterior tibialis and ankle everter muscle groups. The remainder of her lower extremity examination demonstrated motor strength of 5/5 in all muscle groups. MRI of the lumbar spine dated 8/5/15 revealed evidence of a right L5/S1 paracentral disc herniation with severe right L5-S1 foraminal stenosis. The injured worker was previously treated with lumbar epidural steroid injection 5/22/15, per progress report dated 7/23/15, it was noted that it was not very helpful. As there was no documentation of at least 50% pain relief and associated reduction of medication use for six to eight weeks with the previous injection, is not medically necessary.