

Case Number:	CM15-0221274		
Date Assigned:	11/16/2015	Date of Injury:	04/07/2012
Decision Date:	12/30/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/10/2015

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: Texas, Illinois

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 51 year old male who sustained an industrial injury on 4-7-12. A review of the medical records indicates he is undergoing treatment for lumbar disc disease, lumbar facet syndrome, right shoulder tendonitis, bursitis, and impingement syndrome, bilateral elbow epicondylitis, and bilateral facet arthritis of the wrists. Medical records (5-8-15, 6-16-15, 6-23-15, 7-28-15, 9-11-15, 9-23-15, and 10-14-15) indicate ongoing complaints of right shoulder pain and low back pain. The 9-23-15 records indicate he developed radiation of low back pain to the left lower extremity. He rates the pain "8 out of 10" and describes it as "sharp" (9-23-15). The physical exam (9-23-15) reveals diffuse tenderness to palpation with muscle spasm over the lumbar paravertebral musculature. Sacroiliac testing is positive on the right side. Kemp's test is positive bilaterally. The seated straight leg raise is positive on the left at 70 degrees. The supine straight leg raise is positive on the left at 60 degrees. Farfan test is positive bilaterally. Range of motion is noted to be limited. The sensory exam is decreased to pain, temperature, light touch, vibration, and two-point discrimination along the left L4 dermatome. Muscle testing is "5 out of 5" except on the left knee extensor, which is "4 out of 5". Diagnostic studies have included urine toxicology screening and an MRI of the lumbar spine. Treatment has included medications, physical therapy, chiropractic treatment, a home exercise program, activity modification, an interferential unit, bilateral L2, L3, and L4 medial branch blocks, and bilateral L2-L4 medial branch rhizotomies. Treatment recommendations include a left L4-L5 transforaminal epidural steroid injection (x2). The utilization review (10-14-15) includes a request for authorization of lumbar diagnostic transforaminal epidural steroid injection at L4-5 under fluoroscopy guidance

x2. The request was modified to a partial certification for lumbar diagnostic transforaminal epidural steroid injection at L4-5 under fluoroscopy guidance x 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar diagnostic transforaminal epidural steroid injection at L4-5 under fluoroscopy guidance x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The injured worker sustained a work related injury on 4-7-12. The medical records provided indicate the diagnosis of lumbar disc disease, lumbar facet syndrome, right shoulder tendonitis, bursitis, and impingement syndrome, bilateral elbow epicondylitis, and bilateral facet arthritis of the wrists. Treatments have included medications, physical therapy, chiropractic treatment, a home exercise program, activity modification, an interferential unit, bilateral L2, L3, and L4 medial branch blocks, and bilateral L2-L4 medial branch rhizotomies. The medical records provided for review do not indicate a medical necessity for Lumbar diagnostic transforaminal epidural steroid injection at L4-5 under fluoroscopy guidance x 2. The MTUS guidelines for epidural steroid injection recommends documentation of failed conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); evidence of radiculopathy based on physical examination corroborated by imaging and or nerve studies. 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. Therapeutic repeat injection is 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. The medical records indicate the injured worker suffers from low back pain with radiation to the lower extremities. The pain has failed conservative care, and is associated with physical findings of radiculopathy that corroborates with by Lumbar MRI. Therefore, although Lumbar diagnostic transforaminal epidural steroid injection at L4-5 under fluoroscopy guidance is appropriate in this case, two injections are not medically necessary based on the MTUS recommendations above.