

Case Number:	CM15-0221766		
Date Assigned:	11/17/2015	Date of Injury:	04/24/2002
Decision Date:	12/30/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/11/2015

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, California
 Certification(s)/Specialty: Family Practice

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 patient who sustained an industrial injury on 4-24-2002. The diagnoses included acute back pain, thoracic back pain, and thoracic facet arthropathy. Per the doctor's note dated 10/21/15, she had complaints of back pain without radiation with lower extremity weakness; thoracic spine pain. Per the doctor's note dated 8-26-2015, she had complaints of back pain. Past procedure included a nerve block on 7-29-2015. The pain was diminished by 70% to 80% (she noted she had good relief for about 3 days). Symptoms included back pain, decreased range of motion and lower extremity weakness rated 6 out of 10 that was constant with no radiation. The patient stated it was worsening. She noted difficulty walking and difficulty sleeping. She reported stabbing pain in the low thoracic and upper lumbar region. The patient requested Toradol, which helped with severe spasms to middle back enabling her to do household chores and take care of her disabled child. On exam, the provider noted thoracic spine had moderate tenderness with spasms rated 6 out of 10. The lumbar spine had moderate tenderness with spasms and referred to buttocks and bilateral posterior legs. The medications list includes Tizanidine, Naprosyn, Gabapentin and Oxycodone. The current medication regime was effective and adequate. She had an epidural steroid injection two years ago. The documentation provided did not include details of the prior epidural steroid injection that included the levels of injection and details of the effectiveness. There also was no evidence of a current imaging to substantiate the clinical findings. Other therapy done for this injury was not specified in the records provided. Request for Authorization date was 9-9-2015 indicated a request for extension for bilateral T-S medical branch nerve block T11, T12 and L1. Utilization Review on 10-13-2015 determined non-certification for Outpatient lumbar bilateral transforaminal epidural steroid injection at the L5-S1 level

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar bilateral transforaminal epidural steroid injection at the L5-S1 level: 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: Q-- Outpatient lumbar bilateral transforaminal epidural steroid injection at the L5-S1 level. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is 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 functional benefit. Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program" Per the cited guideline criteria for ESI are "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).....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." Unequivocal evidence of radiculopathy documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing is not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. She had epidural steroid injection two years ago. The date and notes of these procedures are not specified in the records provided. Documented evidence of functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks with previous lumbar epidural steroid injections, is not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. The medical necessity of Outpatient lumbar bilateral transforaminal epidural steroid injection at the L5-S1 level is not fully established for this patient.