

Case Number:	CM15-0030887		
Date Assigned:	02/24/2015	Date of Injury:	07/23/2014
Decision Date:	04/09/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/19/2015

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:

The injured worker is a 37 year old male with an industrial injury dated July 23, 2014. The injured worker diagnoses include lumbar spinal stenosis and sciatica. He has been treated with diagnostic studies, radiographic imaging, prescribed medications, physical therapy and periodic follow up visits. According to the progress note dated 1/23/2015, the injured worker reported low back pain with radiation into the right lower extremity. He also reports numbness into the posterolateral aspect of the right leg to the great toe. Physical exam revealed antalgic gait. Lumbar spine exam revealed decrease patella and Achilles reflex, decrease lumbar range of motion and decreased sensation at right L5. Straight leg raise was positive on right. Documentation also noted spasm and guarding of the lumbar spine. The treating physician prescribed Right transforaminal lumbar epidural steroid injection at L3-L4 and L4-L5 with lumbar epidurogram, contrast dye and IV sedation. Utilization Review determination on February 10, 2015 denied the request for Right transforaminal lumbar epidural steroid injection at L3-L4 and L4-L5 with lumbar epidurogram, contrast dye and IV sedation, citing MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right transforaminal lumbar epidural steroid injection at L3-L4 and L4-L5 with lumbar epidurogram, contrast dye and IV sedation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural steroid injection, therapeutic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic'.

Decision rationale: The 37 year old patient presents with pain in the lower back, radiating to right lower extremity, along with numbness in the posterolateral aspect of the right leg to the great toe, and sleep disturbances, as per progress report dated 01/23/15. The request is for RIGHT TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTION AT L3-L4 AND L4-L5 WITH LUMBAR EPIDUROGRAM CONTRAST DYE AN IV SEDATION. The RFA for this case is dated 12/16/14, and the patient's date of injury is 07/23/14. Diagnoses included sciatica and stenosis of the lumbar spine, as per progress report dated 01/23/15. Medications included Anaprox, Pantoprazole and Tramadol. The patient is working with restrictions, as per the same progress report. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESIs, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "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." ODG guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic', state that "At the time of initial use of an ESI (formally referred to as the 'diagnostic phase' as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections." In this case, progress reports do not indicate prior ESI of the lumbar spine. In UR denial appeal letter dated 12/09/14, the treater states that the patient suffers from chronic low back pain that radiates to the posterolateral aspect of the right leg all the way to the great toe. Physical examination revealed positive straight leg raise on the right side. MRI of the lumbar spine, dated 11/17/14, revealed moderate narrowing of the central canal at L3-4 and L4-5 along with mild right neural foraminal narrowing on the right side at L4-5. The patient has also failed conservative care in form of physical therapy, HEP and medications. Hence, the requests for ESI and associated fluroscopy and sedation are reasonable and ARE medically necessary.