

Case Number:	CM15-0046230		
Date Assigned:	03/18/2015	Date of Injury:	06/20/2008
Decision Date:	04/23/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/11/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 61-year-old male, who sustained an industrial injury on June 20, 2008. The injured worker was diagnosed as having post lumbar laminectomy syndrome and radiculopathy. Treatment to date has included physical therapy, epidural steroid injection (ESI), L2 ramus communicans block, and medication. Currently, the injured worker complains of low back pain and left leg pain. The Treating Physician's report dated February 13, 2015, noted the injured worker with 50% relief of leg pain after transforaminal steroid injection in September 2014, with overall five months of 70% improvement in leg pain. The injured worker reported 30% improvement in function with medications. Current medications were listed as Effexor XR, Gabapentin, Hydrocodone-Acetaminophen, Opana ER, Tizanidine HCL, Clonazepam, Fluticasone Spray, Latanoprost eye drops, Lisinopril, and Simvastatin. Lumbar spine range of motion (ROM) was restricted, limited by pain. The Physician requested transforaminal lumbar epidural steroid injection (ESI) at S1 and S2 left side. An appeal letter states that left S1-S2 transforaminal lumbar injection is requested due to presenting complaints of "low back pain." The note goes on to indicate that the patient had a transforaminal steroid injection in September 2014 with 50% relief of leg pain. The note goes on to state that the patient had 70% improvement in leg pain. The note proceeds to quote guidelines indicating that repeat blocks should be based on improved function and reduction in medication use. The patient underwent "a recent block on February 9, 2015 which afforded him 80% low back pain relief for 3-4 days." The note goes on to state that conservative treatment has failed. Progress report dated February

13, 2015 indicates that the patient was able to walk farther as a result of the injections. The patient underwent an L2 ramus communications block on February 9, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left S1-S2 transforaminal lumbar epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for repeat Lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there are conflicting reports as to how much improvement the patient had as a result of recent injections. Additionally, improvement that seems to be attributed to an epidural injection is documented approximately 1-2 weeks after a different low back injection. Furthermore, there are no imaging or electrodiagnostic studies confirming a diagnosis of radiculopathy at the S1 and S2 levels. Finally, there is no documentation of reduction in medication use and functional improvement for at least 6 to 8 weeks following the most recent epidural injection. As such, the currently requested repeat lumbar epidural steroid injection is not medically necessary.