

Case Number:	CM15-0048643		
Date Assigned:	03/20/2015	Date of Injury:	05/24/2011
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/16/2015

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:

This 38 year old woman sustained an industrial injury on 5/24/2011. The mechanism of injury is not detailed. Diagnoses include lumbosacral radiculopathy, lumbosacral spondylosis without myelopathy, pain, degenerative disc disease, lumbosacral sprain/strain, anxiety, and fibromyalgia/myositis. Treatment has included oral medications, lumbar epidural steroid injections, and physical therapy. Physician notes dated 1/29/2015 show complaints of chronic low back and leg pain. Recommendations include right lumbar transforaminal injections, physical therapy, titrate Gabapentin, start Tizanidine and Norco, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection at right L4-5 and L5-S1 under fluoroscopy and anesthesia, series of 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI criteria for epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC, Low back procedure summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The request is for TRANSFORAMINAL EPIDURAL STEROID INJECTION (ESI) AT RIGTH L4-5 and L5-S1 UNDER FLUROROSCOPY AND ANESTHESIA SERIES OF 3. Per 01/29/15 progress report, examination shows decreased sensation along the lateral thigh, limited ROM of the lumbar spine and positive lumbar facet loading/ SLR bilaterally. MRI of the lumbar spine from 01/09/14 reveals no significant neural foraminal narrowing at the level of L4-5 and L5-S1. Work statue is not known. MTUS pages 46 and 47 states that Epidural Steroid Injections (ESI) are recommended as an option for the treatment of radicular pain with corroborative findings for radiculopathy. MTUS further states that for diagnostic purposes a maximum of two injections should be performed." 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." MTUS furthermore states that "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." In this case, the treater requested "a series of 3 injections with the spacing of approximately 3-4 weeks apart." The patient has had 2 lumbar ESI in the past. The 01/29/15 progress report indicates that "the 1st injection did not improve her pain but the 2nd injection improved her pain alleviate her pain enough so that she took minimal pain medication and was able to continue her activities of daily living." However, the treater does not provide documentation regarding pain reduction by 50% lasting 6-8 weeks along with functional improvement as required by MTUS. Furthermore, MTUS guidelines do not support a "series-of-three" injections in either the diagnostic or therapeutic phase. Therefore, the request IS NOT medically necessary.