

Case Number:	CM15-0051443		
Date Assigned:	03/24/2015	Date of Injury:	06/17/2005
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/18/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 58-year-old male who sustained an industrial injury on 6/17/05. Injury occurred relative to moving heavy objects. He underwent L4/5 decompression in February 2006 and subsequent fusion in December 2006. Records documented that EMG showed chronic right L5 radiculopathy. The 12/18/14 treating physician report cited bilateral grade 7/10 low back pain with constant sharp stabbing pain radiating to the lower extremity. There was bilateral lower extremity weakness, heaviness, spasms, mild knee edema, left foot drop, and unstable gait. He was taking multiple medications with slightly decreased pain since last visit. He was not able to perform activities of daily living without severe pain. He reported greater than 50-60% of relief with left transforaminal epidural steroid injection on 3/10/14 with improvement in ability to perform activities of daily living. Physical exam documented paralumbar spasms and tenderness, quadriceps atrophy, trunk weakness, and moderate to marked loss of range of motion. Straight leg raise was positive on the right, patellar reflexes were absent, and sensation was decreased in the left lateral thigh. Lower extremity strength was 5/5. The diagnosis was lumbar disc displacement, post-laminectomy syndrome, lumbar radiculopathy, and lower back pain. The treatment plan requested authorization for left L5/S1 epidural steroid injection. Records indicated that a left transforaminal epidural steroid injection was performed on 1/12/15 with 50% reduction in pain reported and improvement in his ability to perform activities of daily living. The 1/22/15 treating physician report cited right greater than left low back pain with intermittent radiating pain to the coccyx and bilateral right greater than left intermittent lower extremity numbness, and mild weakness. The patient was currently taking multiple medications. The

patient had difficulty with heel walk due to pain and there was decreased sensation over the right lateral and posterior thigh. Otherwise, the exam was unchanged from 12/18/14. Medications were continued unchanged. The 2/20/15 utilization review non-certified the request for epidural steroid injection as there was no discussion of the duration of benefit from the prior epidural steroid injection or medication reduction. The 3/9/15 treating physician report cited constant grade 7/10 bilateral low back pain radiating into the left buttock, anterior thigh, posterolateral thigh, posterior calf and dorsal foot with numbness, weakness, paresthesia, and unstable gait. He reported 2 falls since his last visit due to increased left lower extremity weakness. The patient had more than 50% pain relief with left transforaminal epidural steroid injection on 1/12/15 with improvement in his ability to perform activities of daily living. He was taking multiple medications. Physical exam was unchanged. Medications were unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right transforaminal LESI L4-L5, L5-S1 inclusive of epidurography and monitor anesthesia care: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESIs) Page(s): 46.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) supports the use of epidural steroid injections as an option for the treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic studies and the patient should have been unresponsive to conservative treatment. Repeat diagnostic blocks are not recommended if there is inadequate response to the first block. No more than two nerve root levels should be injected using transforaminal blocks. Repeat injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. Guideline criteria have not been met. This patient presents with chronic lower back pain with intermittent pain and numbness to the right lower extremity. A left transforaminal epidural steroid injection was performed on 1/12/15 for predominantly left sided pain with reported benefit but no clear evidence of decreased medication use or functional improvement. There is no detailed discussion of a recent failure of conservative treatment for the current right sided pain complaint. Nor is there guideline-associated evidence of a reasonably maintained reduction in pain medications or objective functional improvement with prior epidural steroid injections. In the absence of this documentation, medical necessity cannot be established for a right L5/S1 and L5/S1 transforaminal epidural steroid injection. Therefore, this request is not medically necessary at this time.