

Case Number:	CM15-0052241		
Date Assigned:	03/25/2015	Date of Injury:	03/25/2014
Decision Date:	05/06/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/19/2015

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: Florida

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:

The injured worker is a 44 year old female, who sustained an industrial injury on 3/25/2014. Diagnoses include lumbar strain, quadratus lumborum strain, ligament and muscle strain and spasm, and chronic L4-5 right lumbar radiculopathy. Treatment to date has included diagnostics including EMG (electromyography)/NCS (nerve conduction studies), medications, modified work, chiropractic, acupuncture and physical therapy. Per the Primary Treating Physician's Progress Report dated 2/27/2015, the injured worker reported sharp, dull, aching pain with stabbing, burning and shooting sensation in the lumbar spine that radiates to the right lower extremity. Baseline pain is rated as 8-9/10 and pain is exacerbated by sitting, driving, walking, and standing for prolonged periods of time. Physical examination revealed tenderness to palpation over the lumbar paraspinals and quadratus lumborum. There was limited range of motion of the lumbar spine, limited by pain. Straight leg raise was positive on the right. There was diminished sensation of the lower extremities in the L4-5 pattern on the right. The plan of care included epidural steroid injection (ESI) and authorization was requested for right lumbar spine epidural L4-5 with sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

(R) Epidural L4-L5 of LS with sedation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): Epidural Steroid Injections, page(s) 80.

Decision rationale: Criteria for the use of Epidural steroid injections: Note: 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. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)-8) 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. Regarding this patient's case, a right L4-L5 LESI is being requested. There is documentation that she has failed conservative measures. There is an MRI that was performed on 4/30/2014, which does show a L4-L5 disc herniation. Physical exam does show evidence of radiculopathy in this nerve distribution on a 2/27/2015 exam. MTUS criteria has been satisfied. This request is considered medically necessary and appropriate.