

Case Number:	CM15-0054050		
Date Assigned:	03/27/2015	Date of Injury:	07/17/2014
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/23/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 48-year-old male, who sustained a work/ industrial injury on 7/17/14. He has reported initial symptoms of low back pain with radiation to left leg. The injured worker was diagnosed as having right L5-S1 disc herniation with gluteal pain, prior lumbar laminectomy and discectomy. Treatments to date included medication, physical therapy, prior epidural steroid injection at right L5-S1 on 11/21/14. Magnetic Resonance Imaging (MRI) was performed on 10/13/14. The treating physician's report (PR-2) from 2/2/15 indicated the injured worker had complains of pain in the lower back that had decreased. There was numbness and tingling and weakness. Pain without medication is 6/10 and 4/10 with medication. He is able to do light activities of daily living (ADL's). The orthopedic specialist consultation was performed on 2/13/15. The Treatment plan included transforaminal epidural steroid injection right L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection right l5-s1 quantity requested: 1.00: Upheld

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

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

Decision rationale: This 48 year old male has complained of low back pain since date of injury 7/17/14. He has been treated with lumbar spine surgery, physical therapy, medications and epidural steroid injection. The current request is for transforaminal epidural steroid injection right L5-S1. Per the MTUS guidelines cited above epidural corticosteroid injections are recommended as an option for the treatment of radicular pain when the specific following criteria are met: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic 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 "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The available medical records do not include documentation that criteria (7) above has been met. Specifically, the available provider notes do not document evidence of at least 50% pain relief with associated reduction of medication use for six to eight weeks after the previous epidural steroid injection. On the basis of the MTUS guidelines, a transforaminal epidural steroid injection right L5-S1 is not indicated as medically necessary.