

Case Number:	CM15-0055296		
Date Assigned:	03/30/2015	Date of Injury:	03/25/2012
Decision Date:	05/06/2015	UR Denial Date:	03/16/2015
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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 36 year old female who sustained an industrial injury on 03/25/2012. Diagnoses include lumbar disc displacement, left L4-5 foraminal disc herniation with left L4 radiculopathy, status post L4-5 discectomy and foraminotomy on 4/18/2014 with recurrence of pain and worsening neurologic function, left SISI tendinitis and left greater trochanteric bursitis, left L4-5 lateral recess and foraminal disc herniation, and non-steroidal anti-inflammatory drug induced gastritis. Treatment to date has included activity modifications, home exercise program, diagnostic services, medications, physical therapy and previous epidural steroid injections. She has received transforaminal epidural steroid injections prior to surgery, which were highly effective, although temporary. A physician progress note dated 02/23/2015 documents the injured worker complain of stabbing, aching type back pain that radiates down the posterior aspect of the left leg to the plantar aspect of the left leg. She also has numbness and tingling to the left great toe. Visual Analog Scale rates her back pain as 6 out of 10. Treatment plan includes left L4-5 transforaminal epidural steroid injections for new left L5 radiculopathy from recurrent left L4-5 disc herniation, continue home exercise program, medication refill and follow up in 4 weeks. Treatment requested is for 1 Left L4-5 Transforaminal ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left L4-5 Transforaminal ESI: Overturned

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

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

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 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 a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The documentation submitted for review indicates that the injured worker complained of ongoing low back pain with radiation down the posterior aspect of the leg to the plantar surface of the foot, tingling and numbness in the left great toe, decreased strength in the L4, L5, and S1 myotomes, decreased left great toe sensation, and trace left ankle reflex. Lumbar MRI dated 1/12/15 revealed a 3mm left foramina/far lateral disc protrusion at L4-L5 resulting in moderate left neural foraminal narrowing, which was reported to be new in comparison to the prior MRI. I respectfully disagree with the UR physician. It was noted that the injured worker is now status post L4-L5 discectomy and foraminotomy on 4/18/14. As the anatomy has changed since the prior ESI, a different result can be expected. The request is medically necessary.