MAXIMUS Federal Services

Case Number:	CM15-0080485		
Date Assigned:	05/01/2015	Date of Injury:	01/23/2015
Decision Date:	06/01/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/27/2015

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: Arizona, California
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 26-year-old female, who sustained an industrial injury on January 23, 2015. She reported lower back and left leg injuries due to repetitive strain. The injured worker was diagnosed as having lumbar radiculopathy, spinal/lumbar degenerative disc disease, and low back pain. Diagnostics to date has included electrodiagnostic studies, MRI, and urine drug screening. Treatment to date has included physical therapy, work modifications, a home transcutaneous electrical nerve stimulation (TENS) unit, home exercise program, and medications including opioid, muscle relaxant, steroid, anti-epilepsy, and non-steroidal anti-inflammatory. On March 30, 2015, the injured worker complains of lower back pain radiating the posterior left leg. There was numbness, tingling, and weakness in the left leg, and weakness of the left foot. The pain was described as throbbing, dull, aching, shooting, and electric-like. Her pain was rated: 4/10 = best, 10/10 = worst, and average during the past 7 days = 7/10. Rest, medication, and physical therapy relieve her pain. She reports her symptoms are improving. The physical exam revealed a left Trendelenburg antalgic gait, ability to heel and toe walk, and the ability to tandem gait and single leg stance. There was pain with lumbar flexion, decreased lumbar range of motion, and a positive left straight leg raise. The bilateral lower extremities deep tendon reflexes were decreased. There was decreased motor strength in the left lower extremity. Sensation of the bilateral lower extremities was intact. The treatment plan includes a lumbar transforaminal epidural steroid injection at lumbar 5-sacral 1 under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection left L5-S1 with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

Decision rationale: According to the guidelines, the 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 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. In this case, the claimant has a positive straight leg raise but no neurological abnormalities. An EMG is ordered to confer radiculopathy. Since diagnostics are not available to confirm radicular signs, the request for an ESI does not meet the guidelines criteria and is not medically necessary.