

Case Number:	CM14-0032709		
Date Assigned:	06/20/2014	Date of Injury:	06/16/2006
Decision Date:	02/28/2015	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/14/2014

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: North Carolina
 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:

This is a 41 year old female who suffered a work related injury on 06/16/2006. Diagnoses include lumbosacral radiculopathy and lumbar sprain/strain. Treatment has included medications, and conservative care. The number of completed and specific therapies was not documented in the documents submitted. The physician progress note dated 1/11/2014 documents the injured worker complains of chronic pain in her lumbar spine. Pain radiates to her lower extremities. Her pain level is 6/10 on Tramadol 150mg. She has not tolerated this medication well. A Magnetic Resonance Imaging done on 08/23/2013 revealed multilevel disc protrusion. Levels from L2 to L5 are positive for 3.9-4.9mm disc protrusion mildly impressing the thecal sac. Level L5-S1 is positive for 3.1 mm disc protrusion with mild right and neural foraminal narrowing and high intensity zone with posterior right annular fibers which may represent tear. There is spasm and tenderness observed in the paravertebral muscle of the lumbar spine with decreased range of motion on flexion and extension. There is decreased sensation with pain is noted in L5-S1 right dermatome distributions. The injured worker ambulates using a one-pointed cane for balance. Tramadol was discontinued and Neurontin 300mg, three times a day and Norco 2.5mg twice a day were ordered and Prilosec and patches will be provided to address her neuropathic pain. The injured worker is on modified work duties. The request is for lumbar epidural injection at level L5-S1. Utilization Review dated 02/08/2014 non-certified the request for lumbar epidural injection at level L5-S1, citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines-Epidural Steroid Injections. There was no indication of an objective lumbar radiculopathy occurring at a specific

level based on the physical exam finding and correlated with the workup done to support the need for an epidural steroid injection. There was also no documented electrodiagnostic study that helps to clarify whether an objective lumbar radiculopathy is occurring or not.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection L5-S1 QTY: 1.00: Overturned

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 steroid injections Page(s): 46.

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: 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. The patient has the documentation of low back pain and radiculopathy. There is evidence of lumbar nerve compromise on MRI. The physical exam supports positive radicular symptoms. For these reasons the criteria set forth above have been met. Therefore the request is certified.