

Case Number:	CM15-0003491		
Date Assigned:	01/14/2015	Date of Injury:	02/04/2008
Decision Date:	03/10/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/07/2015

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: New York

Certification(s)/Specialty: Internal Medicine

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 74-year-old female, with a reported date of injury of 02/04/2008. The diagnoses include lumbar radiculopathy and lumbar spine disc protrusion at L4-5 and L5-S1. Treatments have included an MRI of the lumbar spine without contrast on 04/01/2008; Toradol injection; oral pain medication; topical pain medications; left L4-5, right L4-5 and bilateral L5-S1 transforaminal cannulation lumbar epidural space on 11/12/2013. The pain medicine re-evaluation dated 09/19/2014 indicates that the injured worker complained of constant low back pain, which radiated down the bilateral lower extremities and bilateral feet. The pain was accompanied by numbness in the bilateral lower extremities to the toes. She described the pain as sharp and moderate to severe in severity. She rated her pain 7 out of 10 with medication and 10 out of 10 without medication. The lumbar examination showed antalgic gait; tenderness upon palpation in the spinal vertebral area at L4-S1; moderately limited range of motion due to pain; increased pain with flexion and extension; normal motor examination of the bilateral lower extremities; and negative bilateral straight leg raise. The reason for the requested lumbar transforaminal epidural injection was not included. On 12/09/2014, Utilization Review (UR) denied the request for bilateral L5-S1 transforaminal epidural injection using fluoroscopy, noting that there was no evidence of motor or sensory findings on examination consistent with radiculopathy of the lower extremities and no current imaging and/or electrodiagnostic evidence of radiculopathy. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 transforaminal epidural injection using fluoroscopy: Upheld

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 criteria for use of Epidural steroid injections. Page(s): 46 (pdf format).

Decision rationale: Per California MTUS, epidural steroid injections are indicated if all of the following are present: 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. In this case there are no motor or sensory abnormalities noted and there is no documented corroboration.