

Case Number:	CM15-0011400		
Date Assigned:	01/29/2015	Date of Injury:	04/04/2012
Decision Date:	03/27/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/21/2015

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, New York, Florida
 Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 56-year-old female who reported an injury on 04/04/2012 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to multiple body parts which included the cervical and lumbar spine. The injured worker's treatment history included medications and exhaustive conservative treatment. The injured worker ultimately underwent epidural steroid injections. The injured worker underwent bilateral epidural steroid injections at the C4-5 that provided 60% pain relief on 09/22/2014. It was also documented that the injured worker was administered a bilateral L4-5 and L5-S1 epidural steroid injection on 10/20/2014 that provided 60% pain relief. The injured worker was evaluated on 12/02/2014. It was documented that the injured worker had increased low back pain that radiated into the lower extremities and was graded at a 10/10 on a VAS. Physical findings of the lumbar spine included restricted range of motion secondary to pain with 4/5 motor strength in the bilateral lower extremities consistent with the L2-S1 dermatomal distribution. The injured worker had an absent left sided ankle jerk. The injured worker's diagnoses included cervical radiculopathy, cervical disc disease, lumbar radiculopathy, and lumbar facet syndrome. The injured worker's treatment plan included a second diagnostic bilateral L4-5 and L5-S1 transforaminal epidural steroid injection. It was noted that the injured worker had received 60% improvement for 5 weeks and decrease in radiating symptoms. It was indicated that the injured worker was able to sleep for longer periods and increased mobility secondary to decreased crepitus. The Request for Authorization form was submitted on 12/02/2014 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second diagnostic bilateral L4-L5 and L5-S1 transforaminal epidural steroid injection:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back regarding epidural steroid injections (ESIs), therapeutic

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Epidural Steroid Injections, diagnostic

Decision rationale: The requested second diagnostic bilateral L4-L5 and L5-S1 transforaminal epidural steroid injection is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends repeat epidural steroid injections for patients who have at least 50% pain relief for 6 to 8 weeks and increased functional improvement resulting from the initial injection. The clinical documentation submitted for review indicated that the injured worker had significant pain relief of at least 60% for approximately 5 weeks. There is notable functional improvement. However, Official Disability Guidelines recommend 1 diagnostic injection to determine the level of radicular pain and to evaluate radicular pain generators when signs and symptoms are inconsistent with pathology identified on an imaging study. The clinical documentation submitted for review does indicate that the injured worker had a significant response to the initial diagnostic injection. Therefore, the need for further diagnostic testing would not be indicated in this clinical situation. As such, the requested second diagnostic bilateral L4-L5 and L5-S1 transforaminal epidural steroid injection is not medically necessary or appropriate.