

Case Number:	CM15-0016459		
Date Assigned:	02/03/2015	Date of Injury:	09/22/2011
Decision Date:	06/26/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/27/2015

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: Georgia

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:

This 64 year old female sustained an industrial injury to the low back, bilateral legs and bilateral feet after a fall on 9/22/11. Previous treatment included magnetic resonance imaging, electromyography, lumbar fusion at L4-S1 (3/20/13), lumbar decompression with noncertified-instrumental fusion (10/31/13), physical therapy, transcutaneous electrical nerve stimulator unit, ice, epidural steroid injections and medications. Postoperative lumbar spine x-rays showed solid fusions. In a progress report dated 12/29/14, the injured worker complained of low back pain with radiculopathy down bilateral legs associated with numbness, tingling and, left leg and foot weakness. The injured worker rated her pain 7-10/10 on the visual analog scale. Physical exam was remarkable for lumbar spine with restricted range of motion, negative straight leg raise, 4/5 strength to bilateral lower extremities, decreased sensation to light touch to the left L1 and L5 distribution and mild dysesthesias over bilateral shins. The injured worker reported that bilateral L5 and left S1 epidural steroid injection on 10/29/14 provided excellent relief with 70% improvement of pain allowing her to decrease her pain medication and walk her dog. The injured worker stated that it was the best she had felt since an injection. The physician noted that Percocet was discontinued due to improvement in pain and because of nightmares. The injured worker's relief lasted approximately eight weeks before her pain returned to baseline requiring resumption of Tylenol #3 for pain relief. Current diagnoses included lumbar radiculopathy. The treatment plan included transforaminal lumbar epidural injection, bilateral L5 and left S1 and medications (Tylenol with codeine, Dilaudid, Lyrica, Naproxen Sodium and Lidoderm patch).

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar epidural injection, bilateral L5 and left S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 47.

Decision rationale: Transforaminal lumbar epidural injection, bilateral L5 and left S1 is not medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections 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 is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The request is made for more than 2 nerve root levels; therefore, the request is not medically necessary.