

Case Number:	CM15-0019178		
Date Assigned:	02/09/2015	Date of Injury:	03/02/2010
Decision Date:	03/31/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/02/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on 03/02/2010. He has reported pain in the low back. The diagnoses have included lumbosacral neuritis; lumbar radiculitis, and lumbar degenerative disc disease. Treatments have included medications, lumbar epidural injection, chiropractic treatments, and physical therapy. Medications have included Neurontin, Roxicodone, and Soma. Currently, the IW complains of low back pain radiating to back of the left leg with associated numbness, tingling, and weakness; pain is described as sharp and stabbing; pain level is rated at 8-9/10 on the visual analog scale and is interfering with activities of daily living. A progress note from the treating physician, dated 01/16/2015, reported objective findings to include L3-L5 paraspinal muscle spasms and tenderness; and decreased sensation over L4-L5, L5-S1 dermatomes in the left leg. The treatment plan included prescriptions for medications; recommendation for left lumbar transforminal epidural steroid injection L4-L5, L5-S1; and continue home exercise program. On 01/26/2015 Utilization Review noncertified a prescription for One (1) lumbar transforminal epidural steroid injection at left L4-L5 and L5-S1 levels under fluoroscopic guidance. The CA MTUS and the ODG were cited. On 02/02/2015, the injured worker submitted an application for One (1) lumbar transforminal epidural steroid injection at left L4-L5 and L5-S1 levels under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) lumbar transforaminal epidural steroid injection at left L4-L5 and L5-S1 levels under fluoroscopic guidance: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back ,ESI

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation Official disability guidelines 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic'

Decision rationale: The patient presents with low back pain radiating to the leg, rated 8-9/10, with numbness, tingling and weakness. The request is for ONE (1) LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTION AT LEFT L4-L5 AND L5-S1 LEVELS UNDER FLUOROSCOPIC GUIDANCE. Physical examination on 11/07/14 to the lumbar spine revealed diffuse paraspinal tenderness and spasm. Straight leg test was positive on the left at 25 degrees. Patient's treatments have included medications, lumbar ESI, physical therapy, chiropractic and home exercise program. Patient's diagnosis include lumbar radiculitis, lumbar degenerative disc disease and lumbar HNP. Per 01/16/15 progress report, patient's medications include Neurontin, Roxicodone and Soma. Patient is to remain off-work until further notice, per 01/16/15 progress report. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "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." ODG guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic', state that: At the time of initial use of an ESI (formally referred to as the diagnostic phase as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections. In 11/07/14 progress report, treater states that patient has been having persistent low back pain that radiates into lateral left leg and thigh. In the same report, treater states that patient has a history of lumbar disc disease and has previously had six epidural injections, dates unspecified. UR letter dated 01/26/15 states MRI of the lumbar spine without contrast on 11/21/10 revealed focal extruded disc fragment at L4-5 into the left lateral recess causing impingement of the left transversing L5 nerve root and that his last lumbar epidural injection of 2012 provided 50-75% relief for 3 months. Given the patient's radicular symptoms

and corroborating MRI evidence, the request appears to be reasonable and IS medically necessary.