

Case Number:	CM15-0118155		
Date Assigned:	06/26/2015	Date of Injury:	08/13/2013
Decision Date:	07/27/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/18/2015

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: Arizona, California
 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:

The injured worker (IW) is a 41 year old male who sustained an industrial injury on 08/13/2013. He reported low back pain that significantly increased after picking up 30 lb. rolls of grass during the course of his work. The injured worker was diagnosed as having left leg radiculopathy and L3-S1 degenerative disc disease. Large recurrent disc herniation at L4-5 and status post laminectomy at L4-5. Treatment to date has included surgery of a L4-5 laminectomy. Interpretation of the findings of a MRI scan on 09/23/2013 was that the disc herniation at L4-5 (described as "giant"), appeared to be recurrent causing severe lateral recess stenosis at the L4-5 level affecting the L5 nerve roots. The small disc bulge at L3-4 was without significant stenosis. The worker has a history of prior back surgery in 2008. Treatment for this injury included pain management consultation, chiropractic care, and physiotherapy. Currently, the injured worker complains of low back pain, which radiates down to bilateral lower extremities with associated numbness. He rated his pain as a 6/10 without medication. On examination there was evidence of tenderness of the paravertebral muscles bilaterally. There was no tenderness over the sacroiliac joints bilaterally. There was no tenderness over the sciatic notches and no tenderness over the coccyx. There was a sensory sensation decrease more significant on the right than the left at L4 and on the right more than the left in S1 dermatome distributions. Range of motion was mildly decreased with flexion of the lumbar spine and straight leg raise was positive on the right lower extremity. The plan of care was for non-steroidal anti-inflammatory medications and for a bilateral L3-L4 transforaminal epidural injection. A request for authorization is made for 1 Bilateral L3-L4 transforaminal epidural injection 2 units.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L4 transforaminal epidural injection 2 units: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

Decision rationale: According to the guidelines, the 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. In this case, the claimant does have MRI and clinical findings consistent with radiculopathy. The claimant had chronic pain with difficulty with ADLS. The request for an ESI of the lumbar spine to improve function is appropriate and medically necessary.