

Case Number:	CM15-0128785		
Date Assigned:	07/15/2015	Date of Injury:	07/01/2007
Decision Date:	08/19/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/03/2015

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: 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 is a 34 year old female, who sustained an industrial injury on 7/01/2007; 11/17/2003-5/27/2012. The injured worker was diagnosed as having lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and right sacroiliac joint arthropathy. Treatment to date has included diagnostics, physical therapy, chiropractic, medications, and epidural steroid injections. Currently (5/07/2015), the injured worker complains of low back pain, with numbness and tingling, to the lower extremities. Pain was not rated. The treatment plan included a second opinion for lumbar spinal surgery consult before proceeding with lumbar spinal surgery. It was documented that two lumbar epidural steroid injections failed and provided no relief. On 3/31/2015, she reported low back pain and stiffness to the right upper buttock area. Pain was rated 3/10. It was documented that she underwent a right L4-5 and L5- S1 transforaminal epidural steroid injection on 1/23/2015, with 50% relief, and a first injection in 9/2014. The treatment plan included a third right L4-L5 and L5-S1 transforaminal epidural steroid injection, noting greater than 50% relief for greater than 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Third Right 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).

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Epidural Steroid Injections (ESIs) as a treatment modality. ESIs are used for the treatment of radicular pain. The MTUS criteria for the use of Epidural steroid injections are as follows: 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. In this case, the records indicate that the patient has received two prior ESIs; one in October/2014 and the other in February/2015. However, upon review of the records, there is insufficient evidence that the current symptoms are consistent with a radiculopathy. In the evaluation completed on July 2, 2015, there was no evidence of a dermatomal distribution to the patient's symptoms. Further, physical examination including strength, sensation and deep tendon reflexes were unremarkable. The diagnoses for this visit were not consistent with a radiculopathy; specifically, the diagnoses were Lumbosacral Sprain/Strain and Sacroiliitis. Without sufficient evidence of a radiculopathy an Epidural Steroid Injection to the L4-5 and L5-S1 areas are not medically necessary.