

Case Number:	CM15-0170777		
Date Assigned:	09/11/2015	Date of Injury:	06/20/2014
Decision Date:	10/13/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/31/2015

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: Preventive Medicine, Occupational 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 46 year old female, who sustained an industrial injury on June 20, 2014, resulting in pain or injury to the left side of her body, including the left shoulder, left hip, and left knee. Currently, the injured worker reports left shoulder pain and left leg pain, with left ankle and foot pain improving, and neck, arm, low back, and knee pain noted to be better. A review of the medical records indicates that the injured worker is undergoing treatment for left ankle sprain, cervical strain, lumbar strain, cervical and lumbar radiculitis, and muscle spasm. The Treating Physician's report dated August 7, 2015, noted the injured worker's walking was improving, no longer using the cane. Physical examination was noted to show the injured worker with an antalgic gait, with mild tenderness across the left lumbar paralumbar region, left gluteal region, and left hip, and positive straight leg raise on the left. The Physician noted that the injured worker may benefit from a left L4-L5 TESI with fluro and sedation given her ongoing back and leg pain. The physical exams, dated July 14, 2015, and August 7, 2015, revealed the injured worker's ambulation improved, no longer requiring the assistance of a cane, with no change noted in the physical examination. The treating physician indicates that electrodiagnostic studies performed on September 4, 2014, were noted to be within normal limits. A lumbar spine MRI was noted to show desiccation changes at multiple levels with mild facet degeneration changes at L5-S1, a small old annular fissure at L4-L5 on the left, and a Schmorl's node superior endplate of L2 and L3, with no compression fracture or subluxation. Prior treatments have included at least 24 sessions of acupuncture, 20 sessions of physical therapy, 16 post-op therapy sessions, and 8 sessions of pool therapy, with compression stockings, a left shoulder injection

with 60-70 % improvement, a foot boot which was noted of no benefit, left ankle surgery in 2014 with improvement , bracing, chiropractic treatments, and medications, including the current medications listed as Albuterol inhaler, Alprazolam, compound medication patch, Clobetasol Propionate, Dexilant, Voltaren gel, Vitamin D, Advair, Folic acid, Synthroid, Magnesium, Mobic, Multivitamin, Fish oil, and Zinc. The injured worker's work status was noted to be permanent and stationary, continuing to work full duty. The request for authorization dated August 7, 2015, requested a left L4-5 transforaminal epidural steroid injection. The Utilization Review (UR) dated August 24, 2015, non-certified the request for a left L4-5 transforaminal epidural steroid injection, as the request was neither medically necessary nor appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment. 3) Injections should be performed using fluoroscopy for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block. 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. 8) No more than 2 ESI injections. In this case, there is no documentation of objective findings supporting a diagnosis of radiculopathy. Additionally, the imaging studies provided for review do not support a diagnosis of radiculopathy. The request for left L4-5 transforaminal epidural steroid injection is not medically necessary.