

Case Number:	CM15-0172633		
Date Assigned:	09/14/2015	Date of Injury:	04/05/2001
Decision Date:	10/14/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/01/2015

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: North Carolina

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:

This 71 year old woman sustained an industrial injury on 4-5-2001. The mechanism of injury is not detailed. Diagnoses include lumbar radiculopathy due to disc protrusion, chronic low back pain, and lumbar dysfunction due to underlying pathology. Treatment has included oral medications, swimming, and home exercise program. Physician notes on a PR-2 dated 8-4-2015 show complaints of increased low back pain rated 5-6 out of 10 radiating across the lumbar area within her hips. The physical examination shows moderate tenderness of the bilateral lumbar paraspinal muscles, positive straight leg raise, rotation and lateral bend is 75% of normal, mild thoracic-lumbar scoliosis, pelvic tilt to the left, sacral compression, normal motor strength, decreased sensation to light touch, decreased reflexes in the bilateral knees and ankles with the right more diminished, negative Babinski, moderate weakness with left hip extension, left gluteus medius atrophy, and inability to walk on tip toes and heels. Recommendations include bilateral lumbar transforaminal epidural steroid injections. Utilization Review denied a request for bilateral lumbar transforaminal epidural steroid injections stating that documentation of radiculopathy through diagnostic imaging or electrodiagnostic testing was not clearly established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Transforaminal Epidural Steroid Injection at the L4 Level: 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: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: 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. The patient has the documentation of back pain however there is no included imaging or nerve conduction studies in the clinical documentation provided for review that collaborates dermatomal radiculopathy found on exam for the requested level of ESI. Therefore, criteria have not been met and the request is not medically necessary.