MAXIMUS Federal Services

Case Number:	CM15-0173753		
Date Assigned:	09/15/2015	Date of Injury:	01/18/1996
Decision Date:	10/19/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/03/2015

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: 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 54 year old male who sustained an industrial injury on 1-18-96. A review of the medical records indicates he is undergoing treatment for lumbar post-laminectomy syndrome and degeneration of the lumbar intervertebral disc. Medical records (4-6-15 and 7-28-15) indicate ongoing complaints of low back pain. The 7-28-15 record indicates that the injured worker has a "change in status", stating that he has "a markedly increase in low back, left buttock, and lower extremity pain and numbness". The history also indicates "chronic radiculopathy and regional myofascial pain", in addition to the above-noted diagnoses. The record notes that there has been no specific trauma causing the change in status and indicates that it "came on spontaneously while he continued to do a home exercise program". The physical exam indicates that the injured worker is ambulatory and had a "strongly positive seated straight leg raise on the left with radiating into the S1 dermatome". Reflexes were 2+ in the knees and right ankle, but absent in the left ankle. The treating provider states that the injured worker is "trying to avoid lumbar fusion, although has been deemed a possible candidate". Treatment has included oral and topical medications, as well as epidural steroid injections in the past. The progress note indicates that he "responded well" to the epidural steroid injections in the past. The request for authorization includes a left S1 transforaminal epidural steroid injection. The utilization review (8-5-15) indicates denial of the request, stating that "radiculopathy must be documented by physical examination and corroborated by imaging studies and-or electrodiagnostic testing".

IMR ISSUES, DECISIONS AND RATIONALES

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

Left S1 transforaminal ESI (Epidural steroid injections): 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, the objective finding of radiculopathy is not corroborated by imaging studies or electrodiagnostic testing (EMG). The request for Left S1 transforaminal ESI (Epidural steroid injections) is not medically necessary.