

Case Number:	CM15-0173820		
Date Assigned:	09/15/2015	Date of Injury:	08/22/2014
Decision Date:	10/19/2015	UR Denial Date:	08/25/2015
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(n) 40 year old male, who sustained an industrial injury on 8-22-14. The injured worker was diagnosed as having cervical radiculopathy, lumbar disc disease, lumbar radiculopathy and lumbar facet syndrome. The physical exam (3-26-15 through 7-14-15) revealed lumbar flexion 40- 42 degrees, extension 10-13 degrees, right lateral bending 20-22 degrees, left lateral bending 20 degrees and a positive straight leg raise test. Treatment to date has included an L4-S1 epidural injection on 6-22-15 with greater than 50% relief, an EMG-NCS of the upper extremities on 5-27-15 showing mild right medial sensory neuropathy, acupuncture and Ultram. As of the PR2 dated 7-21-15, the injured worker reports pain in his low back and neck. He rates his pain 7 out of 10. Objective findings include cervical flexion 20 degrees, extension 50 degrees and right rotation 60 degrees. There is also a positive seated straight leg raise test bilaterally, lumbar flexion is 65 degrees and extension is 10 degrees. The treating physician requested a diagnostic bilateral L4-5 and L5-S1 transforaminal epidural steroid injection due to the improvement with previous injection and a bilateral C5-C6 transfacet epidural steroid injection due to continued radicular symptoms and evidence of neuroforaminal narrowing on MRI. The Utilization Review dated 8-25-15, non-certified the request for a diagnostic bilateral L4-5 and L5-S1 transforaminal epidural steroid injection due to the improvement with previous injection and a bilateral C5-C6 transfacet epidural steroid injection due to continued radicular symptoms and evidence of neuroforaminal narrowing on MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic bilateral L4-5 and L5-S1 transforaminal epidural steroid injection due to the improvement with previous 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: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection, and a third ESI is rarely recommended. ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. In this case, the injured worker had a previous L5-S1 ESI with stated 50% relief and increase in function. Physical exam and MRI provide corroboration of radiculopathy limited to the L5 nerve root. Although the criteria for a repeat L5-S1 ESI is determined to be warranted, there is no evidence that supports the need for an ESI of L4-5. The request for diagnostic bilateral L4-5 and L5-S1 transforaminal epidural steroid injection due to the improvement with previous injection is determined to not be medically necessary.

Bilateral C5-C6 transfacet epidural steroid injection due to continued radicular symptoms and evidence of neuroforaminal narrowing on MRI: 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 physical examination supports a diagnosis of cervical radiculopathy. An MRI of the cervical spine revealed a 5mm left foraminal disc osteophyte at C5-6 with abutment of the exiting cervical nerve root. As the MRI supports radiculopathy on the left, there is no imaging corroborating radiculopathy on the right, therefore, the request for bilateral C5-C6 transfacet epidural steroid injection due to continued radicular symptoms and evidence of neuroforaminal narrowing on MRI is determined to not be medically necessary.