

Case Number:	CM15-0174282		
Date Assigned:	09/16/2015	Date of Injury:	03/22/2012
Decision Date:	10/23/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/04/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 is a 62 year old female with a date of injury of March 22, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for lumbago and lumbar radiculopathy status post decompression. Medical records dated May 6, 2015 indicate that the injured worker complains of lower back pain and severe left lower extremity pain that has returned following surgery. A progress note dated July 21, 2015 notes subjective complaints of lower back pain rated at a level of 8 out of 10, and mild pain in the bilateral lower extremities with numbness to the dorsum of the foot on the side of the operation. The physical exam dated May 6, 2015 reveals good strength in the left foot, numbness on the sole of the foot, and positive straight leg raise. The progress note dated July 21, 2015 documented a physical examination that showed good strength in the bilateral lower extremities. Treatment has included magnetic resonance imaging of the lumbar spine (2012) that showed a 25% T12 endplate compression fracture with mild residual edema, Ns L4-5 broad-based central disc extrusion causing mild central canal stenosis with no neural impingement), magnetic resonance imaging of the lumbar spine (June 25, 2015) that showed postoperative changes at L4-5 with left-sided laminectomy defect, mild left sided perineural and very thecal fibrosis-scar formation, residual annular deformity with central disc herniation, slight caudal migration of disc material, mild left sided foraminal stenosis, disc desiccation with small central disc protrusion at L5-S1, and associated annular fissure, and a left sided L4-5 microdiscectomy with microdissection of the thecal sac and nerve roots. The original utilization review (August 24, 2015) non-certified a request for a transforaminal epidural steroid injection at L4-5 with a specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection (ESI) at Lumbar L4-L5 with specialist: 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: Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The 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. (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. Per progress report dated 8/21/15, physical exam noted that the injured worker had good strength in her bilateral lower extremities and numbness to the dorsum of her left foot. MRI of the lumbar spine dated 6/25/15 revealed at L4-L5 disc space narrowing with disc desiccation. Postoperative changes at this level are noted with left-sided laminectomy identified. There is mild left-sided perithecal and perineural fibrosis/scar formation present. Residual annular deformity is present with 4mm central disc herniation identified. There is slight caudal extension of disc material in relation to the disc space. Mild residual left-sided foraminal stenosis is noted. The central canal and right neural foramen are within normal limits. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented, so medical necessity is not affirmed. As the first criteria is not met, the request is not medically necessary.