

Case Number:	CM15-0174468		
Date Assigned:	09/16/2015	Date of Injury:	06/26/1998
Decision Date:	10/19/2015	UR Denial Date:	08/20/2015
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

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 is an 81-year-old female with a date of injury on 6-26-1998. A review of the medical records indicates that the injured worker is undergoing treatment for multilevel spondylolisthesis, lumbar disc protrusion at L4-L5 with neuroforaminal stenosis, failed back surgery syndrome, right lumbar radiculitis and sciatica, lumbar facet syndrome and chronic myofascial pain syndrome. Medical records (4-16-2015 to 8-11-2015) indicate ongoing low back pain shooting down legs, right more than left with tingling, numbness and paresthesias. She rated her pain five to six out of ten. The physical exam (4-16-2015 to 8-11-2015) revealed restricted range of motion of the lumbar spine. There was diminished sensation to light touch along the medial and lateral border of the right leg, calf and foot. Right-sided stretch test was positive. Treatment has included chiropractic treatment, three epidural steroid injections, lumbar laminectomy (2005) and medications (Norco, Ibuprofen and Prilosec). Magnetic resonance imaging (MRI) of the lumbar spine (3-11-2015) was reported as multilevel retrospective and anterolisthesis at L2-L3, L3-L4 and disc protrusion at L4-L5 level with thecal sac effacement and moderate facet hypertrophy. The request for authorization dated 8-17-2015 was for right sided L5, S1 transforaminal and caudal epidural steroid injection. The original Utilization Review (UR) (8-20-2015) denied a request for a right-sided L5, S1 transforaminal and a caudal epidural steroid injection to the right L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right sided L5, S1 transforaminal: 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/Chronic Pain Medical Treatment Guidelines comment on the use of epidural steroid injections (ESIs) as a treatment modality. The criteria for ESIs are as follows: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic 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. 8) Current research does not support "series-of-three" injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections. In this case, the key question is documentation of the patient's prior response to ESIs. The primary treating physician states in the appeal that the patient had a good response to prior ESIs; however, there is no information provided in the available medical records to support this claim. As noted in the above-cited guidelines, 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. Given the absence of documentation of these criteria for an ESI, the request for one right sided L5/S1 transforaminal ESI is not medically necessary at this time. Should records become on the prior response become available, this matter could be reassessed. This request is not medically necessary.

One caudal epidural steroid injection to right L5-S1: 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/Chronic Pain Medical Treatment Guidelines comment on the use of epidural steroid injections (ESIs) as a treatment modality. The criteria for ESIs are as follows: 1) Radiculopathy must be documented by physical examination and corroborated by

imaging studies and/or electro diagnostic 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. 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. In this case, the key question is documentation of the patient's prior response to ESIs. The primary treating physician states in the appeal that the patient had a good response to prior ESIs; however, there is no information provided in the available medical records to support this claim. As noted in the above cited guidelines, 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. Given the absence of documentation of this criteria for an ESI, the request for one caudal ESI to the right L5/S1 is not medically necessary at this time. Should records become on the prior response become available, this matter could be reassessed. This request is not medically necessary.