

Case Number:	CM15-0175005		
Date Assigned:	09/16/2015	Date of Injury:	01/12/2015
Decision Date:	10/22/2015	UR Denial Date:	07/30/2015
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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 52-year-old female, who sustained an industrial injury on January 12, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for left lower extremity radiculopathy. On July 16, 2015, the injured worker reported pain in her back radiating into her left lower extremity. The Treating Physician's report dated July 16, 2015, noted the injured worker was receiving chiropractic therapy, and her pain noted to be the same, with a pain rating of 6 out of 10. The Physician noted the injured worker had a MRI, which showed an extruded disc at L5-S1, with her exam also showing a radiculopathy. Examination of the lumbar spine was noted to show decreased range of motion (ROM), tenderness to palpation in the left paraspinal muscles, and straight leg raise on the left at 70 degrees caused pain down the leg, with the Physician's impression of left lower extremity radiculopathy, with weakness in the left L5-S1 distribution with the L5 nerve root. The Physician noted the injured worker with a "disc protrusion on the left side at the L5-S1, which does bend into her foramen as well as potentially gets the L5 nerve root as well as the S1 nerve root. Given the fact that she continues to have radiculopathy in the left lower extremity with continued symptoms, I think her best option is one epidural injection". The injured worker's work status was noted to be unchanged. The Treating Physician's report dated March 26, 2015, noted the injured worker rated her pain as 4 out of 10 with some pins and needles going into both legs, right greater than left, with the diagnoses of lumbar sprain and large disc herniation, left-sided. On April 23, 2015, the Treating Physician noted the injured worker had gone to therapy with continued pain, rated as 3 out of 10. The documentation provided included chiropractic treatment progress notes dated from April 7, 2015 to April 23, 2015, which noted the injured worker's pain improved. The request for authorization dated July 16, 2015, requested an initial lumbar Epidural Steroid Injection at left L5-S1 as an outpatient. The Utilization Review (UR) dated July 30, 2015, non-certified the request for an initial lumbar Epidural Steroid Injection at left L5-S1 as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Lumbar Epidural Steroid Injection at Left L5-S1 as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic.

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." The ODG agrees and states ESIs are "Recommended as a possible option for short-term treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts." There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. MTUS further defines the criteria for epidural steroid injections to include: 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 researches does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Radiculopathy does appear to be documented on exam and corroborated with imaging studies. The patient is taking Tylenol, but the progress reports do not document how long the patient has been on this and has been "unresponsiveness" to medications. The treatment notes do indicate that conservative treatments were tried and failed (exercises, physical therapy, etc) but does not mention if the physical therapy or chiropractic therapy is ongoing which is recommended. If this is true, then the request is necessary. However, at this time, the request for Initial Lumbar Epidural Steroid Injection at Left L5-S1 as an outpatient is not medically necessary.