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| Case Number: | CM15-0175247 | | |
| Date Assigned: | 09/16/2015 | Date of Injury: | 07/04/2014 |
| Decision Date: | 10/22/2015 | UR Denial Date: | 08/21/2015 |
| 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 51 year old female who sustained an industrial injury July 4, 2014. Past history included right total hip 2010 and left total hip 2011, hypothyroidism, anxiety and depression. According to a treating physician's follow-up report dated July 13, 2015, the injured worker presented with complaints of low back pain with left sided radiculopathy. She reported an 80% improvement in her symptoms lasting for 4 days including the ability to walk more freely. She is now referred back to discuss a repeat left L2-3 and or L4-5 transforaminal epidural steroid injection (no dated noted of the previous injection). She continues with burning, stinging, and aching in the left lower back, buttock, hip, and thigh, radiating down to the back of her knee. She reported going to the emergency room, two days ago for increased pain (no records provided). Current medication included ibuprofen, Levothyroxine, Cyclobenzaprine, Gabapentin, and Sertraline. Physical examination revealed; appears uncomfortable sitting and standing and uses a cane for support; gait antalgic; lower extremity strength 5 out of 5 on the right and 4 out of 5 on the left in knee extension and flexion, hip flexion; lumbar spine- range of motion is limited by pain and she declines testing; tenderness of the lower paraspinal muscles; seated and supine straight leg raise are positive on the left and negative on the right. Assessments are left lumbar radiculopathy; left foraminal disc protrusion at L2-3 with left L3 nerve root displacement; lumbar spinal stenosis-central and foraminal at multiple levels; lumbar spondylosis. At issue, is the request for authorization for a left L2-3 transforaminal epidural steroid injection and post-procedure follow-up visit. A CT of the lumbar spine dated April 17, 2015 and documented by treating physician July 13, 2015, as; L5-S1, prominent posterior disc bulge; facets show degenerative changes; there is ligamentum flavum hypertrophy; functional canal diameter 6.3cm and some narrowing foramina bilaterally; not lumbarization of the S1

body, the bodies are numbered accordingly; mild curvature of the lumbar spine is seen concave right. According to utilization review dated August 21, 2015, the request for left L2-3 TFESI (transforaminal epidural steroid injection) is non-certified. The request for a post-procedure follow-up visit is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L2-3 Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, 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), Facet joint diagnostic blocks (injections), Epidural steroid injections (ESIs), therapeutic and Other Medical Treatment Guidelines MD Guidelines, Facet Joint Injections/Therapeutic Facet Joint Injections.

Decision rationale: ACOEM Guidelines state "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." ODG and MD Guidelines agree that: "One diagnostic facet joint injection may be recommended for patients with chronic low back pain that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments (e.g., NSAIDs, aerobic exercise, other exercise, manipulation) in order to determine whether specific interventions targeting the facet joint are recommended. If after the initial block/blocks are given (see 'Diagnostic Phase' above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported." Treating physician does not document at least 50% pain relief but writes but only for 4 days, not the 6-8 weeks as recommended. Per ODG, "Indications for repeat blocks include acute exacerbation of pain, or new onset of radicular symptoms. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response." The treating physician does not document continued objective pain relief, or functional response. As such, the request for Left L2-L3 transforaminal epidural steroid injection is not medically necessary.

Post procedure follow up visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, 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), Facet joint diagnostic blocks (injections), Epidural steroid injections (ESIs), therapeutic and Other Medical Treatment Guidelines MD Guidelines, Facet Joint Injections/Therapeutic Facet Joint Injections.

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