

Case Number:	CM15-0176679		
Date Assigned:	09/17/2015	Date of Injury:	05/23/2013
Decision Date:	10/27/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/08/2015

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: Physical Medicine & Rehabilitation

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 53 year old male with an industrial injury dated 05-23-2013. A review of the medical records indicates that the injured worker is undergoing treatment for low back pain, lumbar disc displacement and lumbar radiculopathy. Treatment consisted of diagnostic studies, prescribed medications, lumbar brace, and periodic follow up visits. Medical records (07-16-2014 to 07-22-2015) indicate ongoing low back pain and right lower extremity pain. The injured worker rated pain a 5 out of 10. Documentation (07-20-2015) noted that the pain is improved with rest and medication and worse with weather and activities. Physical exam revealed (07-20-2015) marked tenderness to palpitation over the right lower lumbar region, pain with range of motion and positive straight leg raises on the right. According to the pain consultation report dated 07-22-2015, objective findings revealed paralumbar spasm with tenderness to palpitation on the right, atrophy of the quadriceps, pain with lateral bending, diminished right and left resisted rotation, positive straight leg raises on the right and limited range of motion with pain. Decreased sensation on the right lateral thigh, calf in the dorsal foot was also noted on exam. The treating physician prescribed services for right L4-L5 and L5-S1 lumbar transforaminal injection with monitored anesthesia care, now under review. Utilization Review determination on 07-22-2015, denied the request for right L4-L5 and L5-S1 lumbar transforaminal injection with monitored anesthesia care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 and L5-S1 lumbar transforaminal injection with monitored anesthesia care:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The patient presents with low back pain radiating to the bilateral lower extremities. The request is for RIGHT L4-L5 and L5-S1 LUMBAR TRANSFORAMINAL INJECTION WITH MONITORED ANESTHESIA CARE. Physical examination to the lumbar spine on 07/22/15 revealed tenderness to palpation over the right paraspinal muscles with spasm. Straight leg raising test was positive on the right at 30 degrees. Range of motion was limited in all planes with pain. Patient's treatments have included physical therapy, image studies, and medication. Per 05/20/15 progress report, patient's diagnosis include lumbar disc herniation, lower extremity radicular pain, right upper extremity pain, currently no AOE/COE, and left middle finger laceration healed. Patient is currently not working. MTUS Chronic Pain Medical Treatment Guidelines, page 46 and 47, Epidural Steroid Injections (ESIs) section has the following: "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESIs, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "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." ODG guidelines, chapter 'Low Back -Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic', state that "At the time of initial use of an ESI (formally referred to as the diagnostic phase as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections." The treater has not discussed this request; no RFA was provided. The patient continues with low back pain radiating to the bilateral lower extremities. Per 09/09/15 Agreed Medical Examiner's Supplemental Report, MRI findings of 09/09/13 showed a focal 3-mm left neural foraminal disc protrusion with annular tearing at L4-L5, a 4-mm posterior central disc protrusion/inferior extrusion that appears to be slightly increased compared to the previous examination; the thecal sac and neural foramina are normal. Given the patient's radicular pain and corroborated image findings, the request appears to be reasonable. Therefore, the request IS medically necessary.