

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0177139 | | |
| Date Assigned: | 09/17/2015 | Date of Injury: | 06/08/1995 |
| Decision Date: | 10/27/2015 | UR Denial Date: | 08/31/2015 |
| Priority: | Standard | Application Received: | 09/09/2015 |

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, Hawaii
 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 64-year-old female, who sustained an industrial injury on 6-8-95. The documentation noted on 8-25-15 the injured worker has complaints of increased pain across the low back again, primarily in the sacroiliac joint region bilaterally. The injured worker continues to maintain significant improvement to the lumbar region pain, which remains improved by more than 80 percent at this time. The bilateral S1 (sacroiliac) joint region pain and soreness has been bothering her. The documentation noted moderately tender to pressure bilaterally paraspinally from L3-L4 to L5-S1 (sacroiliac) and positive for muscle tightness left laterally in the L3-4 to L5-S1 (sacroiliac) region. Straight leg raise test is positive on the left and on the right localizing to moderate low back pain. Tender to pressure over the left sacroiliac joint. The diagnoses have included lumbosacral radiculopathy status post improvement with previous lumbar spine surgery and apparent acute flare of left sacroiliac joint pain. Treatment to date has included left sacroiliac joint injection and left L3 and L4 trasforaminal epidural steroid injection on 7-22-15 with significant improvement to her low back, left hip, left buttock and left leg pain; interferential unit with benefits and lumbar brace as needed. The original utilization review (8-31-15) non-certified the request for transforaminal epidural steroid injection at left L3-4, L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection at Left L3-4, L4-5: 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 patient presents with chronic low back pain with left lower extremity radiculopathy and recurrent myofascial strain. The current request is for a transforaminal epidural steroid injection at left L3-4 and L4-5. The UR dated 8/31/15 (4A) notes the patient received a transforaminal epidural steroid injection at L3-4 on 7/22/15. The treating physician requests on 8/25/15 (9B) "authorization to repeat the left L3-L4 and L4-L5 transforaminal ESI's at this time, given the good, consistent benefit from the previous injections in addressing the lumbar radicular pain and in improving functionality and ambulatory capacity." MTUS Guidelines support the usage of ESI for the treatment of radicular pain that must be documented in physical examination and corroborated by diagnostic imaging - testing. Additionally, the radicular pain should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Finally, 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. In this case, the clinical history documents (9B) that the patient reports 80% pain relief to the lumbar region and that the left leg pain had improved significantly after the injection and remains improved at this time, but less so than it was originally, at this point by 50-60%. However, the clinical records fail to document any reduction in medication usage, the time lapsed between the previous injection, and the date of the PR-2 is only 4 weeks. MTUS requires associated reduction of medication usage and pain relief for a more significant amount of time for repeat ESIs. The current request is not medically necessary.