

Case Number:	CM15-0177703		
Date Assigned:	09/29/2015	Date of Injury:	01/07/2010
Decision Date:	11/16/2015	UR Denial Date:	08/27/2015
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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 34 year old male injured worker suffered an industrial injury on 1-7-2010. The diagnoses included disc disorder lumbar, lumbar radiculopathy and causalgia lower limb with sympathetically medicated pain in the left leg, and genitofemoral neuralgia on the left. On 8-18-2015 the treating provider reported the average pain level was 8 out of 10 with medication and they allow for improved function and mood. The pain without medication was 10 out of 10. He reported the pain was increased with numbness in the lower extremities. He reported he was stumbling and felt as if his left leg was going to give out. He reported there was a stabbing sensation in the low back when he urinated. On 7-14-2015, the provider noted he was a few days out of a lumbar sympathetic block (7-6-2015). He was having persistent pain in the left calf and bottom of the foot. Prior treatment included Norco, Flexeril, Dilaudid and Neurontin. The spinal cord stimulator was removed 3-6-2015. The Utilization Review on 8-27-2015 determined non-certification for Bilateral transforaminal lumbar epidural injection at L4-L, L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal lumbar epidural injection at L4-L, 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: Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 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 research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. MRI of the lumbar spine dated 3/31/15 revealed at L4-L5 postoperative changes with left-sided laminectomy and partial left-sided medial facetectomy with a small left posterolateral disc extrusion with 3mm of cranial migration that contacts the traversing left L5 nerve root. It was noted that sensation was decreased in the bilateral lower extremities. The injured worker reported that he felt like his left leg was going to give out. Reflexes were not documented. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished /absent reflexes associated with the relevant dermatome. The clinical and imaging findings do not support a right sided radiculopathy. As such, the request for bilateral transforaminal epidural steroid injection is not supported. The request is not medically necessary.