MAXIMUS Federal Services

Case Number:	CM15-0178579		
Date Assigned:	09/18/2015	Date of Injury:	08/31/1993
Decision Date:	10/22/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/10/2015

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: Family Practice

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 62 year old female, who sustained an industrial injury on 8-31-93. The injured worker is undergoing treatment for lumbar pain, degenerative disc disease (DDD) and radiculitis. Medical records dated 4-29-15 through 8-3-15 indicate the injured worker complains of "mild to moderate" back and leg pain. "The patient describes her symptoms as worse." Physical exam dated 8-3-15 notes only "her right quad is slightly weaker than the left." The exam indicates "her AP and lateral X-rays show some narrowing posteriorly at the disc at L2-3. She has had a previous fusion of L3-4 and L4-5." "The tightness in her back and her pain is limiting her ability to recover from her hip replacement and the physical therapy required for the hip replacement." Treatment to date has included hip replacement, lumbar fusion, therapy and medication. The original utilization review dated 8-11-15 indicates the request for transforaminal epidural steroid injection right L1-L2, L2-L3 is non-certified noting there was no documentation of the patient having gone through pharmacologic therapy to manage her symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Injection Right L1-L2, L2-L3: 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 MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of epidural steroid injections as a treatment modality. These guidelines have established the following criteria: 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. In this case, there is insufficient evidence to support the use of an epidural steroid injection at the Right L1-2 and L2-3 levels. The MRI findings presented in the medical records do not indicate that there is stenosis at either requested treatment level. There is insufficient documentation on the patient's history or examination findings to suggest the presence of a Right L1-2 and L2-3 radiculopathy. For these reasons, a transforaminal epidural injection to the Right L1-2 and L2-3 levels is not medically necessary.