

Case Number:	CM15-0046663		
Date Assigned:	03/18/2015	Date of Injury:	07/15/2007
Decision Date:	04/23/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/11/2015

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

Certification(s)/Specialty: Internal Medicine, 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 54 year old female patient, who sustained an industrial injury on 07/15/2007. A primary treating office visit dated 01/26/2015, reported the patient states that her pain has been gradually increasing and is radiating down the lower extremities; greater on the left side. She continues to utilize medications. Of note, the physician recommending a lumbar epidural injection, and if ineffective then consider surgical intervention. The patient returned an old back brace and a transcutaneous nerve stimulating unit that no longer function; with need of prescriptions replacing both items. Objective findings showed there is tenderness to palpation along the lumbar paraspinal muscles, iliolumbar and sacroiliac regions. A well- healed abdominal scar from prior anterior fusion. A straight leg raising on the left side is positive and the right side is equivocal with some pain that radiates down the distal leg, and calf area; especially on the left side. Neurologic exam found absent reflex in the right ankle and one plus in the left ankle. Minimal parasthesias are noted along the left lateral foot, but not on the right. The impression noted status post L5-S1 anterior fusion on 06/13/2010, and persistent bilateral back and lower extremity symptoms; left greater. The plan of care involved possible epidural steroid injection for lumbar region, prescribed lumbar corset and dual channel transcutaneous electric nerve stimulator unit and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left epidural steroid injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: This 54 year old female has complained of low back pain since date of injury 7/15/07. She has been treated with TENS unit, lumbar spine surgery, physical therapy and medications. The current request is for a left epidural steroid injection at L5-S1. Per the MTUS guidelines cited above epidural corticosteroid injections are recommended as an option for the treatment of radicular pain when the specific following criteria are met: 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 series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The available medical records do not include documentation that criteria (1) above has been met. Specifically, the available provider notes do not document evidence of radiculopathy by physical examination. On the basis of the MTUS guidelines, a left epidural corticosteroid injection at L5-S1 is not indicated as medically necessary.