

Case Number:	CM15-0061116		
Date Assigned:	04/07/2015	Date of Injury:	11/22/2014
Decision Date:	05/13/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/31/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 44 year old male who sustained an industrial injury on 11/22/14; according to provided records the injury was a slip and fall which according to 11/25/14 xray resulted in a non displaced fracture or subluxation and mild degenerative changes at L5-S1. MRI on 12/17/14 showed small focal central disc protrusion with thecal sac effacement at L3-4 as well as L5-S1. The injured worker was diagnosed as having disc injuries L3-4, L4-5 and L5-S1. Treatments to date have included physical therapy, icing, nonsteroidal anti-inflammatory drugs, and activity modification. According to the 2/9/15 clinic note, the injured worker complains of pain in the back with radiation to the lower extremities. There is decreased sensation to the right S1 dermatome and reported decreased sensation and right patellar reflexes. Straight leg raise is positive. The plan of care was for epidural steroid injections and a follow up appointment at a later date. According to the most recent notes provided from 4/1/15 the patient has persistent radicular symptoms on the right side with numbness and radicular pain. On physical exam there is positive straight leg raise on right and numbness along L5-S1 with difficulty on toe and heel walking. Plan is to continue with ibuprofen, exercises and for ESI at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injections, Lumbar L5-S1 (sacroiliac): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for epidural steroid injection Page(s): 46.

Decision rationale: According to MTUS guidelines on chronic pain, epidural steroid injection is appropriate under the following conditions: 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. According to my review of the records, including the most recent note provided, it appears that all of these criteria have been met. The patient has clear radicular type symptoms, MRI evidence of protrusion with effacement and objective findings on physical exam to suggest L5-S1 nerve involvement. The conflicting evidence pointed out in the peer review does not contradict the medical necessity as described in the clinic record and supported by the cited guidelines. Therefore, the requested medical treatment is medically necessary.