

Case Number:	CM15-0068703		
Date Assigned:	04/16/2015	Date of Injury:	03/27/2012
Decision Date:	05/19/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/10/2015

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, 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 52 year old male injured worker suffered an industrial injury on 03/27/2012. The diagnoses included multiple lumbar disc herniations with signs and symptoms of radiculopathy of the lower extremities which is progressive in nature. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with medications, acupuncture, epidural steroid injections and physical therapy. On 3/2/2015 the treating provider reported moderate to severe lower back pain associated with severe muscle spasms and progressive limited range of motion to the lumbar spine. The pain is rated as 8/10 most of the time with it reaching 9/10. Also reported was pain radiating to both legs with tingling and numbness and weakness. He reported the pain to both buttocks radiating to the posterior bilateral thighs with numbness and tingling progressively increasing in severity. The treatment plan included transforaminal steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L4 and L4-5 transforaminal steroid injection under fluoroscopy guidance:
 Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42.

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

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. Per progress report dated 3/2/15 it was noted that the injured worker suffered from severe sacroiliac joint inflammation with signs and symptoms of radiculitis/radiculopathy to the posterior and lateral aspect of the thigh. Gaenslen's test and Patrick Faber test were positive, sacroiliac joint thrust demonstrated severely positive. Weakness and tingling and numbness were noted in both legs. MRI of the lumbar spine dated 4/17/12 noted at L3-L4 a large broad base protrusion with central facility. There was very severe central spinal canal stenosis and mild-to-moderate narrowing of the neural foramina bilaterally. At L4-L5 diffuse asymmetric bulge with moderate-to-severe central spinal canal stenosis and moderate narrowing of the right neural foramen and mild narrowing of the left neural foramen. The UR physician's rationale for denial was not available for review; however, the documentation supports steroid injection. The request is medically necessary.