

Case Number:	CM15-0072060		
Date Assigned:	04/22/2015	Date of Injury:	10/28/2011
Decision Date:	05/20/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/15/2015

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: Georgia

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 injured worker was a 45 year old female, who sustained an industrial injury, October 28, 2011. The injury was sustained from a slip and fall while walking down stairs. The injured worker previously received the following treatments Tizanidine, Cymbalta, Flector, Norco, Motrin, lumbar spine MRI, lumbar spine x-rays, Thoracic facet epidural steroid injection to L5-S1, chiropractic care, physical therapy medication management and acupuncture. The injured worker was diagnosed with lumbar S1 joint arthropathy, right piriformis muscle spasm and lumbar radiculopathy. According to progress note of February 26, 2015, the injured workers chief complaint was lower back pain with radiation in the right posterolateral leg radiation. The injured worker complained of numbness tingling and weakness in the right leg. When lying down the injured worker was feeling and hearing a popping sound in the right lower back. The physical exam noted tenderness of the piriformis muscle. The injured worker had increased pain in all planes of range of motion. The straight leg raise was positive on the right. The treatment plan included an outpatient right L5-S1 transforaminal epidural steroid injection at [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5 and S1 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 47.

Decision rationale: Right L5 and S1 transforaminal Epidural steroid injection is not medically necessary. The California MTUS page 47 states the purpose of epidural steroid injections is 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 is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy; if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections. The patient had previous epidural steroid injections some of which provided benefit and other which did not improve the pain as well. Given there is mixed response to previous epidural steroid injection, the requested procedure is not medically necessary per ODG and CA MTUS guidelines.