

Case Number:	CM15-0077947		
Date Assigned:	04/29/2015	Date of Injury:	02/25/2009
Decision Date:	05/28/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/23/2015

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: Ohio, North Carolina, Virginia
 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 56 year old female, who sustained an industrial injury on 2/25/2009. She reported low back pain. The injured worker was diagnosed as having lumbar spondylosis without myelopathy, right lumbosacral radiculitis, lumbar degenerative disc disease and disc bulge, and status post lumbar epidural injection with positive results. Treatment to date has included medications, and epidural steroid injection. The request is for right transforaminal lumbar steroid injection at L4-5 and L5-S1. On 3/13/2015, she complained of low back pain she rated 10/10, with radiation to the right leg and hip. She reported having 50-75% pain relief with a previous epidural steroid injection. The treatment plan included: lumbar epidural steroid injection, home exercise program, Opana, Soma, Norco, and Ativan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right transforaminal lumbar steroid injection at L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The purpose of ESI 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 offers no significant long-term functional benefit. 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. The progress note from 3-13-2015 states that the injured worker previously underwent lumbar epidural steroid injection on 12-4-2014 with 50-75% pain relief with functional improvement and also took less pain medication as a result. In point of fact, the injured worker actually had a lumbar facet block and not an epidural steroid injection that day. The lower extremity neurologic exam has been consistently documented as normal. On 12-4-2014, the injured worker's pain specifically was said not to be radicular. The guidelines specifically require physical exam corroboration of radiculopathy for epidural steroid injections. Therefore, right transforaminal lumbar steroid injections at L4-L5 and L5-S1 are not medically necessary.