

Case Number:	CM15-0086351		
Date Assigned:	05/08/2015	Date of Injury:	11/03/2014
Decision Date:	10/05/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/05/2015

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 injured worker is a 38 year old female, who sustained an industrial injury on 11-3-14. The injured worker has complaints of low back and left leg pain. The documentation noted that motor exam continues to show noted weakness in the left extensor hallucis longus and she has straight leg raise on the left side causing back pain and decreased sensation along the left L5 distribution. The diagnoses have included L15-S1 (sacroiliac) annular disc injury with left buttock and radiating leg pain and left wrist sprain and strain. Treatment to date has included tramadol; nabumetone; flexeril; acetaminophen and therapy. The request was for transforaminal epidural steroid injection for the left side of L5-S1 (sacroiliac).

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection for the left side of L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 5/20/15, physical exam revealed negative straight leg raise, positive FABER sign on the left side. There was numbness in the left L5 distribution and also some weakness in the tibialis anterior and EHL on the left. Reflexes were 2+ and symmetric in the knees and ankles. Sensation to light touch was diminished in the medial aspect of the left foot in an L5 distribution as well as in the lateral aspect of the calf. MRI revealed an L5-S1 central annular tear and high intensity zone. There was no significant central spinal canal or exiting nerve root stenosis. Above-mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The imaging studies submitted for review do not corroborate radiculopathy at L5-S1. As the first criteria is not met, the request is not medically necessary.