

Case Number:	CM15-0092049		
Date Assigned:	05/18/2015	Date of Injury:	05/17/1996
Decision Date:	06/17/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/13/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 59 year old female, who sustained an industrial injury on May 17, 1996, incurring upper and lower back injuries. She was diagnosed with cervical radiculopathy and lumbar radiculopathy. Cervical Magnetic Resonance Imaging revealed cervical lordosis with degeneration resulting in spinal stenosis. A lumbar Magnetic Resonance Imaging showed lumbar disc bulging, severe canal stenosis and hypertrophic changes. Treatment included acupuncture, cervical epidural steroid injection, pain medications, physical therapy and home exercise program. Currently, the injured worker complained of constant neck pain radiating into the bilateral upper extremities into the hands. She complained of frequent headaches and muscle spasms in the neck and increased low back pain radiating into both legs and aggravated by activity and walking. The treatment plan that was requested for authorization included one bilateral lumbosacral transforaminal block. A progress report dated December 3, 2014 identifies ongoing complaints of low back pain radiating into both lower extremities. Physical examination revealed decreased sensitivity to touch along the L4 through S1 dermatomes in the lower extremities with decreased strength in both lower extremities. An MRI of the lumbar spine dated December 31, 2013 shows severe bilateral neuroforaminal narrowing at L4-5 and L5-S1. A progress note dated March 31, 2015 states that the patient previously underwent a lumbar epidural steroid injection. A repeat injection is being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral L4-5, L5-S1 Transforaminal block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for repeat 1 Bilateral L4-5, L5-S1 Transforaminal block, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there is no indication of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks as well as functional improvement from previous epidural injections. Furthermore, there are no imaging or electrodiagnostic studies confirming a diagnosis of radiculopathy. As such, the currently requested repeat 1 Bilateral L4-5, L5-S1 Transforaminal block is not medically necessary.