

Case Number:	CM15-0092748		
Date Assigned:	05/19/2015	Date of Injury:	03/24/2014
Decision Date:	06/18/2015	UR Denial Date:	04/20/2015
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 45 year old male, who sustained an industrial injury on 3/24/2014. He reported injury from a fall. The injured worker was diagnosed as having lumbar disc degeneration, chronic pain, lumbar disc displacement, lumbar radiculitis, lumbar stenosis, left ankle pain and left ankle surgery. Lumbar magnetic resonance imaging showed central and bilateral foraminal stenosis, degenerative disc disease and bilateral facet arthropathy. Treatment to date has included aqua therapy, home exercises and medication management. In a progress note dated 3/23/2015, the injured worker complains of constant low back pain that radiated down the bilateral lower extremities with numbness and tingling, rated 8/10 with and without medications. The treating physician is requesting bilateral lumbar 3-5 transforaminal epidural steroid injection under fluoroscopy. A progress report dated April 20, 2015 states that the patient "has a history, examination findings, and imaging findings that correlate for the medical necessity for [bilateral L3-4, L4-5 transforaminal epidural steroid injection]. Sensory examination showed decreased sensation in both lower extremities (no dermatome was listed). Motor examination is normal. A review of an MRI dated January 7, 2015 shows neuroforaminal stenosis at L4-5. No neuroforaminal stenosis is identified at L3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L5 transforaminal epidural injection under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the use of 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 Bilateral L3-L5 transforaminal epidural injection under fluoroscopy, 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 are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy at all of the proposed treatment levels. Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy at all of the proposed treatment levels. In the absence of such documentation, the currently requested Bilateral L3-L5 transforaminal epidural injection under fluoroscopy is not medically necessary.