

Case Number:	CM15-0098315		
Date Assigned:	05/29/2015	Date of Injury:	04/10/2012
Decision Date:	07/03/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/21/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 41 year old female, who sustained an industrial injury on April 10, 2012. He reported immediate pain of the back, bilateral knees, and bilateral elbows after a fall. The injured worker was diagnosed as having status post posterior lumbar fusion at left lumbar 5-sacral 1. Diagnostic studies to date have included electromyography of the bilateral lower extremities, x-rays, and an MRI of the lumbar spine. Treatment to date has included a thoracic-lumbar-sacral orthosis, a cane, chiropractic therapy, transforaminal epidural steroid injection, a home exercise program, postoperative physical therapy, and medications including pain, muscle relaxant, and anti-epilepsy. On April 6, 2015, the injured worker complains of throbbing neck pain with radiating pins and needles sensation down the right upper extremity to the hand, with occasional headaches. He complains of stabbing and cramping pain midline low back pain with increased sharp left buttocks pain and sharp shooting pain and numbness down the left leg to the ankle. He reports a "wet" sensation radiating from the groins to the calves since his surgery. He complains of increased cramping with prolonged lying down or sitting and inability to find a comfortable position when sitting, standing, and lying down. He walked with an antalgic gait and the use of a single point cane for walking. He was wearing his thoracic-lumbar-sacral orthosis. The physical exam revealed an intact posterior lumbar surgical site, mild tenderness to palpation of the lumbar spine, limited range of motion, decreased sensation of the left lumbar 3-lumbar 5 dermatomes, and decreased strength of the left anterior tibialis muscle - inversion, left extensor hallucis longus - eversion, and left hamstrings. The bilateral lower extremities reflexes were normal, except for the left patellar reflex was absent with history of a left total knee replacement.

The requested treatment is a left lumbar 5 and sacral 1 epidural steroid injection for lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5 and S1 TF epidural steroid injection for lumbar radiculopathy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for epidural steroid injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), epidural steroid injections.

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

Decision rationale: Regarding the request for Left L5 and S1 TF epidural steroid injection, 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 two 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 TF epidural injections. As such, the currently requested Left L5 and S1 TF epidural steroid injection is not medically necessary.