

Case Number:	CM13-0068156		
Date Assigned:	01/03/2014	Date of Injury:	02/15/2013
Decision Date:	05/30/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/19/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 male who reported an injury on 02/15/2013. The mechanism of injury reported was a fall. The clinical note dated 11/22/2013 indicated the injured worker presented with complaints of ongoing pain worsening in his lower back along with numbness and in his buttocks. Current medication list included Cialis 20 mg tabs, Lidoderm patch 5%, atorvastatin calcium 40 mg tabs. The injured worker reported tingling down his legs was improving. Pain in the back down the leg was more on the left side this time. The injured worker reported the pain is sharp, dull, aching and numbness. The reported pain rating on a good day was a 4/10, current pain rating was 5/10, and previous pain rating was 8/10. The injured worker reported that activity, rest, lying down, sitting, standing, and walking aggravated the fact of the pain and that lying down would help the pain. The documentation noted that the injured worker reported that the last epidural steroid injection helped 50% doing well and would like to proceed with the second one. Surgical history included a lumbar laminectomy in 2004. Diagnoses given for the clinical date of 11/22/2013 were listed as degenerative disc disease lumbar, lumbar discogenic spine pain, lumbar radiculopathy, failed back surgery syndrome. The injured worker was instructed to continue with conservative treatment that included his home exercise program, moist heat, and stretching exercises. The clinical note dated 12/16/2013 was an addendum to the 11/22/2013 clinical visit. The addendum stated that the injured worker contacted the office via telephone to inquire that the follow-up epidural steroid injection for L4, L5 and S1 was declined due to documentation response for prior epidural steroid injection and modification of medications and ADLs. The documentation provided for review noted that the injured worker does not take oral pain medications due to the fact that he has to drive 2 to 3 Final Determination Letter for IMR Case Number CM13-0068156 3 hours daily to commute to work. The injured worker is a job foreman and heavy equipment operator. The injured worker reported that he used

to be an avid golfer but since his accident has no longer golfed. He arrives at the job site 20 to 30 minutes earlier a day to do stretching as bending is required by the company to ensure employees are warmed up and able to proceed with daily activities. No documentation was provided for review for previous physical therapies or occupational therapies.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTION AT L4-5, L5-S1 UNDER FLUOROSCOPIC GUIDANCE WITH ANESTHESIA: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (low back and chronic pain)..

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

Decision rationale: The request for left lumbar transforaminal epidural steroid injection at L4-5, L5-S1 under fluoroscopic guidance with anesthesia is not medically necessary. 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. Although the clinical information submitted indicated the patient received 50% pain relief from the prior injection, the length of time he experienced this pain relief, the ability to decrease pain medications and improvement in function were not provided to meet guideline criteria for a repeat injection. Therefore, the request for the left lumbar transforaminal epidural steroid injection at L4-5, L5-S1 under fluoroscopic guidance with anesthesia is not medically necessary or appropriate at this time.