

Case Number:	CM14-0134433		
Date Assigned:	08/27/2014	Date of Injury:	07/15/2012
Decision Date:	10/14/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/20/2014

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 78 year old male injured on July 15, 2012 due to stepping off a ladder. The most recent clinical note by the treating orthopedic physician, dated July 10, 2014, indicate the injured worker complains of low back and leg pain. Low back pain rated 8-9 out of 10 on the visual analog scale. Pain is worse when bending, lifting, and sitting. Physical therapy has provided 50% pain relief. Pain is affecting activities of daily living. The injured worker is taking Vicodin , oxycodone, Soma, and Tylenol for pain. Physical exam of lumbosacral spine reveals tenderness to palpation at L4-L5 and L5-S1, range of motion: flexion 70 degrees and extension 30 degrees, straight leg raise negative, and positive left FABER Test. Sacral spine is tender to palpation. None of the eight non-organic signs of low back pain were noted. Diagnoses include chronic lumbar degenerative disc disease, compression fracture, left hip sprain/strain, buttock contusion, and lumbar strain. The injured worker received an epidural steroid injection in March 2014 and experienced greater than 80% pain relief during the anesthetic and steroid phase. MRI of the lumbar spine in September of 2012, revealed degenerative disc changes at L1-L2 and L5-S1, spondylolisthesis at L1-L2 and L4-L5, herniated nucleus pulposus at L1-L2, L2-L3, L3-L4, and L4-L5, central spinal stenosis at L4-L5, lateral recess stenosis noted at L1-L2 (right), L2-L3(left), L3-L4 (right), and L4-L5 (left) and L5-S1 (left). The request for Transforaminal Epidural Injection at L4-5, L5-S1 bilaterally was denied in previous utilization review, dated July 28,2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Injection at L4-5, L5-S1 bilaterally: 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 Epidural Steroid Injections Page(s): 46.

Decision rationale: The office note of 3/27/14, 4/29/14, 6/17/14 and 7/10/14 states that the claimant had less than 50% relief of symptoms from "Trigger point and epidural injection", in the HPI section. But there is a contradictory statement in the Test section which states the claimant had a ESI at 3/19/14 and reported ">80% relief positive results lasting, positive during the anesthetic phase and positive during the steroid phase." But the notes never objectify the length of time the claimant gained relief in weeks or months or just days. California Medical Treatment Utilization Schedule (MTUS) clearly states that the therapeutic phase blocks should provide "50% pain relief with associated reduction in medication use." There is no such documentation supporting this criteria. The contradictory documentation as well as inadequate documentation would not support the continued use of transforaminal Epidural Steroid Injections.