

Case Number:	CM14-0080459		
Date Assigned:	07/18/2014	Date of Injury:	06/10/2011
Decision Date:	09/12/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/02/2014

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 Physical Medicine and Rehabilitation 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:

This 44 year-old patient sustained an injury on 6/10/11 while employed by [REDACTED]. Request under consideration include Lumbar Transforaminal Epidural Steroid Injection (LESI) on the left side at the L5 level. Diagnoses include Lumbosacral Disc degeneration. Report of 7/15/14 from the provider noted the patient has ongoing chronic low back pain s/p laminectomy surgery. Medications include Oxycodone for increasing pain symptoms, Wellbutrin, Cymbalta, and Amitriptyline. He has been taken off work by his primary care doctor for stress. Pain radiates down gluteal region and left lateral thigh and lower leg/foot with associated burning. Exam showed tenderness over paraspinal lumbar region at L4-S1; mild midline tenderness; restricted lumbar range in flex/ext; with full motor strength throughout bilateral lower extremities. His surgeon had requested repeating the lumbar epidural that has been denied. Recommendations included work restrictions of 20 pounds and noted "It may make sense that he takes time off of work because of this." The patient stated he is unsure if he will be able to go back to his current job. The request for Lumbar Transforaminal Epidural Steroid Injection (LESI) on the left side at the L5 level was non-certified on 5/22/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Transforaminal Epidural Steroid Injection (LESI) on the left side at the L5 level:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, 2014 web-based edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs Page(s): 46.

Decision rationale: This 44 year-old patient sustained an injury on 6/10/11 while employed by [REDACTED]. Request under consideration include Lumbar Transforaminal Epidural Steroid Injection (LESI) on the left side at the L5 level. Diagnoses include Lumbosacral Disc degeneration. Report of 7/15/14 from the provider noted the patient has ongoing chronic low back pain s/p laminectomy surgery. Medications include Oxycodone for increasing pain symptoms, Wellbutrin, Cymbalta, and Amitriptyline. He has been taken off work by his primary care doctor for stress. Pain radiates down gluteal region and left lateral thigh and lower leg/foot with associated burning. Exam showed tenderness over paraspinal lumbar region at L4-S1; mild midline tenderness; restricted lumbar range in flex/ext; with full motor strength throughout bilateral lower extremities. His surgeon had requested repeating the lumbar epidural that has been denied. Recommendations included work restrictions of 20 pounds and noted "It may make sense that he takes time off of work because of this." The patient stated he is unsure if he will be able to go back to his current job. The request for Lumbar Transforaminal Epidural Steroid Injection (LESI) on the left side at the L5 level was non-certified on 5/22/14. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any neurological deficits, remarkable diagnostics, or previous functional improvement to support for repeating the epidural injections. There is no report of acute new injury, flare-up, or red-flag conditions to support for pain procedure. Criteria for the epidurals have not been met or established. The Lumbar Transforaminal Epidural Steroid Injection (LESI) on the left side at the L5 level is not medically necessary and appropriate.