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| Case Number: | CM14-0125586 | | |
| Date Assigned: | 09/26/2014 | Date of Injury: | 10/11/2006 |
| Decision Date: | 07/03/2015 | UR Denial Date: | 07/14/2014 |
| Priority: | Standard | Application Received: | 08/07/2014 |

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. 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, 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(n) 68 year old male, who sustained an industrial injury on 10/11/06. He reported pain in his lower back. The injured worker was diagnosed as having failed back surgery syndrome, status post right L4-L5 partial laminectomy, bilateral L5-S1 lumbar radiculopathy, lumbar facet hypertrophy and chronic myofascial pain. Treatment to date has included a right-sided L5-S1 transforaminal and caudal epidural steroid injection on 6/13/12 with 70% relief, a TENs unit and an EMG/NCV of the lower extremities. Current medications include Prilosec, Naproxen, Norflex and Neurontin. As of the PR2 dated 7/3/14, the injured worker reports 7-8/10 pain in his lower back that radiates down the right leg causing numbness and paresthesia. Objective findings include a positive straight leg raise test, restricted range of motion and increased lumbar lordosis. The treating physician requested a right-sided L5-S1 transforaminal and caudal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right sided L5, S1 Transforaminal and Caudal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electro diagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement with at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks after prior injections. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into the right leg with numbness and tingling. Documented examinations showed findings consistent with a radiculopathy. However, there were no imaging or electro diagnostic testing results provided for review. There also was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for transforaminal and caudal epidural steroid injections at the right L5 and S1 levels is not medically necessary.