

Case Number:	CM15-0004362		
Date Assigned:	01/15/2015	Date of Injury:	05/27/2011
Decision Date:	03/17/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/08/2015

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
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 58 year old female, who sustained an industrial injury on May 27, 2010. She has reported pain in the low back with radiating pain to the right lower extremity all the way to the right great toe and was diagnosed with lumbar radiculopathy, spinal stenosis of the lumbar spine and low back pain. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, epidural steroid injections and pain medications. Currently, the IW complains of continued low back pain with radiation to the right lower extremity and great toe. The IW reported an industrial injury on May 27, 2010. She reported continued low back pain with noted failed conservative therapies including physical therapy and ibuprofen. On October 27, 2014, evaluation revealed continued pain in the low back and right lower extremity. She reported the ibuprofen was no longer working secondary to significant gastrointestinal (GI) upset. She reported no significant improvement with physical therapy. The last session was noted to be in early 2014. She reported the ESI gave her pain relief. On December 18, 2014, she continued to have the listed symptoms. A list of previously tried medications was provided. Most were discontinued secondary to GI upset. An ESI was recommended. On December 23, 2014, Utilization Review non-certified a transforaminal lumbar epidural injection on the right side, noting the MTUS Guidelines were cited. On January 6, 2015, the injured worker submitted an application for IMR of requested transforaminal lumbar epidural injection on the right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Transforaminal lumbar epidural injection on the right side: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection, and a third ESI is rarely recommended. ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. The requesting physician reports that the injured worker has had epidurals previously with good temporary relief. Prior epidural steroid injection in April 2014 does not indicate that the injured worker experienced six to eight weeks of at least 50% pain relief, reduction of medication use, or objective functional improvement such as returning to work. The request for 1 Transforaminal lumbar epidural injection on the right side is determined to not be medically necessary.