

Case Number:	CM15-0100960		
Date Assigned:	06/03/2015	Date of Injury:	09/28/2011
Decision Date:	08/24/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/26/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 was a 47 year old male, who sustained an industrial injury, September 28, 2011. The injury was sustained when the injured worker was moving a 900-pound polymere drum. The injured worker reported feeling a sharp pain in the lower back. The injured worker previously received the following treatments Norco, Gabapentin, Pamelor, lumbar spine MRI on March 9, 2015, 10-12 physical therapy sessions, 1 session of chiropractic services, EMG (electrodiagnostic studies) of the lower extremities, hot/cold packs, Gabapentin, Nortriptyline, Norco, lumbar spine x-rays, TENS (transcutaneous electrical nerve stimulator) unit, Advil, Tylenol and Aleve without relief. The injured worker was diagnosed with degenerative disc disease and facet arthropathy with retrolisthesis at T12-L1 through L2-L3 with grade 1 anterolisthesis L4-L5 and left L5 spondylosis, canal stenosis included L4-L5 and left L5 mild and at L5-S1 there was narrowing of the right lateral recess and contact of the right S1 nerve root due to right paracentral lateral protrusion, neural foraminal narrowing included L1-L2 with mild to moderate bilateral; L2-L3 and L3-L4 moderate bilateral; L4-L5 moderate to severe right, moderate left; L5-S1 severe right, lumbar radiculopathy and chronic thoracic spine pain. According to progress note of April 13, 2015, the injured worker's chief complaint was back pain. The symptoms have been persistent. There was more numbness in the lower extremities. The injured worker reported the pain as sharp and stabbing. The symptoms were worse in the right lower extremity and travel down the calf and the lateral aspect of the foot. The injured worker reported that 99% of the pain was in the lower back was in the middle and on the right side. The pain was rated at 8 out of 10 in severity. The injured worker reported constipation and

sexual dysfunction with medications on January 19, 2015. The physical exam noted the injured worker walked with a normal gait. There was tenderness to palpation over the right thoracic and lumbar paraspinals from T10 through S1. The range of motion was decreased in all planes in the thoracic and lumbar regions. The sensory exam noted diminished sensation to light touch and pinprick in the right L4, L5, and S1 dermatomes, most significant in the S1 dermatome. The injured worker walked with a normal gait. The treatment plan included a right L4, L5 and S1 transforaminal epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection, Right Lumbar L4, L5, S1 (sacroiliac), Qty 3:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request is considered not medically necessary. The patient has received an epidural steroid injection previously with improvement over 9 months, but over 50% improvement in pain needs to be documented. A repeat injection may be indicated but the three requested exceeds the maximum number of recommended injections. Therefore, the request as stated is not medically necessary.