

Case Number:	CM15-0103232		
Date Assigned:	06/09/2015	Date of Injury:	05/25/2010
Decision Date:	07/09/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/29/2015

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: Physical Medicine & Rehabilitation

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 49 year old female, who sustained an industrial injury on 5/25/10. She has reported initial complaints of neck, back and shoulder injuries. The diagnoses have included lumbar disc herniation, cervical sprain/strain, right shoulder pain and fibromyalgia. Treatment to date has included medications, activity modifications, off work, diagnostics, surgery, injections, pain management, conservative care, physical therapy and chiropractic. Currently, as per the physician progress note dated 5/1/14, the injured worker complains of back pain that radiates to the right leg with additional complaints of neck and right shoulder pain. She has occasional numbness in the right lower extremity (RLE) along the pain area. The back pain radiates to the right lower extremity (RLE) and into the anterior lower leg and sometimes goes into the toes. She also has right shoulder pain. She rates the pain 8/10 on pain scale. Physical exam of the lumbar spine reveals lumbar facet pain bilaterally with palpation. There is pain over the lumbar intervertebral discs on palpation, there is tenderness of the lumbar paraspinal muscles, the gait is antalgic, and lumbar range of motion causes pain. There is no previous therapy sessions noted in the records. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 2/18/14 reveals retrolisthesis, protrusion, and left lateral bulge with annular fissure. The physician noted that she has radiculopathy that is consistent with her Magnetic Resonance Imaging (MRI) and physical exam findings. The physician requested treatment included Right Transforaminal Lumbar Epidural Injection x 1 at L3-4, L4-5 to be done with fluoroscopy and monitored anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Transforaminal Lumbar Epidural Injection x 1 at L3-4, L4-5 to be Done with Fluoroscopy and Monitored Anesthesia: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

Decision rationale: 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 presented here. Although the patient has radicular symptoms; however, is without correlating clinical findings of such, to repeat a LESI in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Submitted reports are unclear with level of pain relief and duration of benefit. Submitted reports have not demonstrated any functional improvement derived from the LESI as the patient has unchanged symptom severity, unchanged clinical findings without decreased in medication profile or treatment utilization or functional improvement described in terms of increased functional status or activities of daily living. Criteria to repeat the LESI have not been met or established. The Right Transforaminal Lumbar Epidural Injection x 1 at L3-4, L4-5 to be Done with Fluoroscopy and Monitored Anesthesia is not medically necessary and appropriate.