

Case Number:	CM15-0107751		
Date Assigned:	06/12/2015	Date of Injury:	02/05/2010
Decision Date:	07/15/2015	UR Denial Date:	05/30/2015
Priority:	Standard	Application Received:	06/04/2015

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, Pain Management

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 52 year old male, who sustained an industrial injury on 2/5/10. He reported increased low back pain and right leg pain. The injured worker was diagnosed as having post laminectomy syndrome of lumbar area and history of lumbar laminectomy. Treatment to date has included chiropractic treatment, lumbar epidural steroid injections, lumbar interbody fusion with laminectomy, oral medications including opioids and steroids, physical therapy and home exercise program. Currently, the injured worker complains of continued, chronic, severe low back pain; with drastic increase since last visit. He rates the pain 7/10 with medications and 10/10 without medications. The injured worker notes a previous caudal injection provided 70% reduction in pain for 2 months. He is currently not working. Physical exam of lumbar spine noted healed surgical sites, tenderness to palpation of L5-S1, foot drop with absent ankle reflex on right, tenderness to palpation of paraspinals increased with dorsiflexion and restricted range of motion; physical exam of cervical spine noted tenderness to palpation of C5-6. An antalgic gait is also noted along with decreased strength of left and right lower extremities. The treatment plan included request for urgent lumbar (MRI) magnetic resonance imaging, urgent left TFESI at L4-5 and L5-S1, lumbar x-rays and referral to orthopedic surgeon. A request for authorization was submitted for urgent lumbar (MRI) magnetic resonance imaging and urgent left TFES at L4-5 and L5-S1, lumbar x-ray series and orthopedic surgeon referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 and L5-S1 transforaminal injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Opioids Page(s): 46; 78-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for L4-5 and L5-S1 transforaminal injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, it appears the patient has radicular complaints as well as radicular findings including leg weakness. Repeat imaging has been denied. A previous caudal epidural injection provided excellent relief for 2 months. The currently requested diagnostic epidural is intended to identify whether the patient's pain is coming from the L4/5 and L5/S1 levels. The patient has reportedly failed conservative treatment. As such, the currently requested L4-5 and L5-S1 transforaminal injection is medically necessary.