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| Case Number: | CM15-0130166 | | |
| Date Assigned: | 07/16/2015 | Date of Injury: | 05/24/2002 |
| Decision Date: | 08/12/2015 | UR Denial Date: | 06/04/2015 |
| Priority: | Standard | Application Received: | 07/06/2015 |

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: Massachusetts

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 42 year old female, who sustained an industrial injury on May 24, 2002. Treatment to date has included MRI of the lumbar spine, medications, transforaminal epidural steroid injection, and lumbar microdiscectomy. Currently, the injured worker complains of chronic low back pain with reports of pain into the bilateral lower extremities. She rates her pain a 7-8 on a 10-point scale. The injured worker reports that previous epidural steroid injections provided 50% pain relief for two to three months. She reports that her medication regimen is effective in reducing her pain and muscle spasms. She reports that Lyrica is beneficial in reducing her neuropathic pain by at least 50%. Her medications reduce her pain from an 8-9 on a 10-point scale to a 5 on a 10-point scale and allow her to perform activities of daily living such as light household chores, dusting, light cooking, and laundry. The diagnoses associated with the request include lumbar radiculopathy, chronic low back pain, lumbar myofascial pain syndrome and status post lumbar microdiscectomy of L4-5. The treatment plan includes continuation of Percocet, Soma, Lyrica, Relafen, Toradol injection and bilateral S1 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral S1 transforaminal epidural steroid injection x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work injury in May 2002 and continues to be treated for chronic radiating back pain. She underwent an L4-5, S1 microdiscectomy. A bilateral L4-5 transforaminal epidural injection in November 2013 had caused severe pain. Prior epidural injections had been effective in decreasing pain by 50% lasting 2-3 months. These injections were not described in terms of when they were done and what technique was used. When seen, she had a slow gait. She had moderate lumbar paraspinal muscle tenderness with spasms and decreased range of motion. Straight leg raising was positive on the right side. Strength, sensation, and reflexes were normal. Bilateral S1 transforaminal epidural injections were recommended. In the therapeutic phase guidelines recommend that repeat injections 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. In this case, the last epidural injection performed had caused pain without report of pain relief. Now being requested are epidural injections at a different level, below the previous surgery. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents a lower extremity neurological examination without neurological deficit and there are therefore no physical examination findings of radiculopathy. The request is not medically necessary.