

Case Number:	CM15-0131305		
Date Assigned:	07/17/2015	Date of Injury:	10/13/2006
Decision Date:	08/17/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/07/2015

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 is a 50-year-old male patient who sustained an industrial injury on 10/13/2006. A recent primary treating (PCP) office visit dated 06/05/2015 reported the patient with subjective complaint of having significantly increased pain levels affecting his left side after having had fallen in the PCP office one month previously. He stated the current medication regimen is not covering the pain intensity. He is having difficulty sleeping and participating in the weight loss program/physical activity. He reports radiating pain down the left lower extremity again with note of previous good benefit from epidural injections. The patient's problem list consisted of: joint pain in ankle/foot; displacement of lumbar intervertebral disc without myelopathy; low back pain; lumbosacral radiculitis; chronic pain syndrome, and skin sensation disturbance. Current medications are: Xanax, Hydrocodone 5/325mg, OxyContin 10mg, and Rabeprazole. The patient has a known history of: arthritis, low back pain, obesity, sleep difficulty and status post gastric bypass. The assessment found the patient with chronic low back pain, failed back syndrome, and chronic radiculopathy. There is recommendation to administer an epidural injection. The patient received multiple injections with success at reducing pain. At a follow up dated 03/09/2015, there was recommendation for the patient to undergo psychological examination prior to a trial of a spinal cord stimulator implant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection, epidurography & fluoroscopy, L3-L4, L4-L5:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 58-60.

Decision rationale: The patient underwent a transforaminal epidural steroid injection in January of 2015 and it was noted that he sustained significant pain relief as a result, but no numerical data or percentages for pain relief were recorded. The medical record did not document any objective findings for a reduction in medication use or an increase in functional improvement as a result of the injection. There were no imaging studies included in the medical records submitted for review to corroborate a diagnosis of radiculopathy. The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Transforaminal epidural steroid injection, epidurography & fluoroscopy, L3-L4, L4-L5 is not medically necessary.