

Case Number:	CM15-0132273		
Date Assigned:	07/20/2015	Date of Injury:	06/08/2012
Decision Date:	08/19/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/08/2015

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 48 year old male, who sustained an industrial injury on 8/8/2012. The mechanism of injury was a fall from bleachers. The injured worker was diagnosed as having lumbar pain, lumbar degenerative disc disease, lumbar herniated nucleus pulposus, lumbar radiculopathy and lumbar stenosis. Lumbar magnetic resonance imaging showed lumbar 5 spinal stenosis. Treatment to date has included lumbar surgery, epidural steroid injection, therapy and medication management. In a progress note dated 6/2/2015, the injured worker complains of low back pain that goes down both legs, right greater than left. Physical examination showed low back pain with range of motion. The treating physician is requesting bilateral transforaminal epidural steroid injection/caudal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral TESI/Caudal ESI: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI

Page(s): 46-47.

Decision rationale: The 48 year old patient presents with pain in the lower back radiating to right leg and foot, ranging at 5-10/10, as per progress report dated 06/09/15. The request is for BILATERAL TESI/CAUDAL ESI. The RFA for this case is dated 06/04/15, and the patient's date of injury is 08/08/12. Diagnoses, as per progress report dated 06/02/15, included lumbar pain, lumbar degenerative disc disease, lumbar bulge, lumbar radiculopathy, and lumbar spinal stenosis. The patient is status post lumbar surgery, as per the same progress report. Medications include Ibuprofen, Tramadol, and Hydrocodone-acetaminophen. The reports do not document the patient's work status. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)" page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." And "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, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient has received bilateral L5 transforaminal epidural injection in the past, as per operative report dated 01/19/14. In progress report dated 06/09/15, the patient reports that the prior injection led to some benefit. In progress report dated 06/02/15, the treater states that the patient had also undergone epidural injection with some relief of pain but only for a few days." MTUS, however, requires at least 50% reduction in pain, objective improvement in function, and reduction in medication use for six to eight weeks for repeat injections. Given the lack of efficacy from prior ESI, the request for a repeat injection IS NOT medically necessary.