

Case Number:	CM15-0132518		
Date Assigned:	07/20/2015	Date of Injury:	06/18/1989
Decision Date:	08/17/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/09/2015

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 51 year old female with an industrial injury dated 06/18/1989. Her diagnoses included post lumbar laminectomy syndrome and radiculopathy. Prior treatments included transforaminal steroid injection, radiofrequency medial branch neurotomy, physical therapy, functional restoration program and chiropractic. The provider documents she failed conservative care. She presents on 06/16/2015 with complaints of an increase in pain since last visit. She rates her pain as 8/10 with medications and 10/10 without medications. Activity level had remained the same. She was complaining of right leg and back discomfort increasing as prior injection (over 6 months ago) wears off. She received greater than 50% of relief of leg pain for 6 months. She also noted left leg pain radiating to the left knee along posterior thigh. Physical exam noted absent right knee reflex with altered sensation and strength. The treatment request is for transforaminal lumbar epidural injection, L 4-L 5 both sides. Physical examination findings revealed decreased sensation in the left leg at the L5 dermatome. An MRI dated January 17, 2014 shows no significant neural foraminal encroachment at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar epidural injection, L4-L5 both sides: Upheld

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

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

Decision rationale: Regarding the request for Lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy specifically at the proposed level of treatment on the right side. Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy at the proposed level. In the absence of such documentation, the currently requested Lumbar epidural steroid injection is not medically necessary.