

Case Number:	CM15-0132697		
Date Assigned:	07/20/2015	Date of Injury:	04/01/2002
Decision Date:	08/20/2015	UR Denial Date:	07/02/2015
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, Hawaii

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 60 year old male who sustained an industrial /work injury on 4/1/02. He reported an initial complaint of low back pain. The injured worker was diagnosed as having failed back surgery syndrome, s/p fusion of L4-5 and L5-S1, left lumbar radiculitis and sciatica, and chronic pain syndrome. Treatment to date includes medication, epidural steroid injection, and diagnostics. MRI results were reported on 2/3/15 that demonstrated s/p remote posterior spinal fusion from L3-S1 with multilevel discogenic disease indicative of adjacent segment disease. Currently, the injured worker complained of severe escalation of low back pain with shooting down legs, (L>R) wit tingling, numbness, and paresthesia. Prior epidural gave 95% pain relief for 3 months. Pain was rated as 7-9/10. Per the primary physician's report (PR-2) on 6/24/15, exam noted decreased lumbar lordosis, decreased range of motion, mild atrophy of the paraspinal muscles bilaterally, positive straight leg raise on the right, diminished sensation to light touch along medial and lateral border of left leg, calf, and foot. Motor strength was 4+/5, paravertebral muscle spasm and localized tenderness was present. The requested treatments include one (1) Left L5-S1 Transforaminal and caudal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Left L5-S1 transforaminal and caudal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The patient presents with severe escalation of low back pain with shooting down legs, (L>R) with tingling, numbness, and paresthesia. The current request is for One L5-S1 transforaminal and caudal epidural steroid injection. The treating physician states, in a report dated 06/24/15, "As currently his pain is severely escalated and previously had 95% pain relief after epidural steroid injection for 3 months and pain started coming back, in my opinion, he would be benefited from left-sided L5, S1 transforaminal and caudal epidural steroid injection. I request you to kindly authorize for epidural steroid injections ASAP." (69B) The MTUS Guidelines do recommended ESIs as an option for "treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the treating physician notes, "He reports severe escalation of his low back pain shooting down legs, left more than right with tingling, numbness and paresthesia. Previously he had 95% pain relief after epidural steroid injection for almost 3 months and pain started coming back. He scores pain 7-9/10 on VAS. He almost cries in office. Prolonged standing, bending and lifting heavy objects make pain worse." The treating physician does not provide documentation of imaging studies or electrodiagnostic testing to corroborate radiculopathy. Additionally the physician has requested two different ESIs to be performed which is not supported by MTUS. The current request is not medically necessary.