

Case Number:	CM15-0136217		
Date Assigned:	07/24/2015	Date of Injury:	01/31/2006
Decision Date:	08/21/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/15/2015

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:

This 57 year old male sustained an industrial injury to the low back on 1/31/2006. Documentation did not disclose the results of most recent magnetic resonance imaging. Previous treatment included lumbar laminectomy times two (2006), physical therapy, epidural steroid injections, transcutaneous electrical nerve stimulator unit, heat and ice treatment and medications. Documentation did not disclose the response to previous epidural steroid injections. In a progress note dated 6/16/15, the injured worker complained of increased lumbar spine pain rated 8/10 on the visual analog scale. The injured worker also complained of unchanged right testicle pain rated 5/10. Physical exam was remarkable for tenderness to palpation over bilateral lumbar facets, paraspinal musculature, bilateral sacroiliac joints and buttocks, with spasms, decreased range of motion, positive bilateral straight leg raise. The injured worker walked with an antalgic gait. Current diagnoses included chronic pain syndrome, lumbar disc degeneration, lumbar post laminectomy syndrome, anxiety, depression, right testicular pain, drug dependence and obesity. The treatment plan included right L5-S1 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at Right L5, S1: 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 Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work injury in January 2006 and underwent lumbar spine surgery with a laminectomy in July 2006 and again in December 2006. An MRI of the lumbar spine in April 2007 included expected postoperative findings with left mild to moderate and mild right foraminal stenosis. When seen, prior treatment had included physical therapy, TENS, heat, ice, and an epidural injection. Physical examination findings included decreased right lower extremity strength and an absent right ankle reflex. There was lumbar spine and sacroiliac joint and buttock tenderness with lumbar paraspinal muscle spasms. There was bilateral lumbar facet joint tenderness. Straight leg raising was positive bilaterally. There was an antalgic gait. Lumbar spine range of motion was decreased. Authorization for a two level right lumbar transforaminal epidural steroid injection was requested. 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 degree and duration of any pain relief following the previous injection is not documented. The claimant's MRI shows left lateralized findings which do not correlate with the claimant's radicular complaints or physical examination findings which are right sided. Being requested is a nerve root block/transforaminal epidural steroid injection, which are different procedures and are done for different reasons. For these reasons, the request was not medically necessary.