

Case Number:	CM15-0136486		
Date Assigned:	07/30/2015	Date of Injury:	01/22/2001
Decision Date:	08/26/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/14/2015

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 61 year old male, who sustained an industrial injury on 01-22-2001. He has reported injury to the low back. The diagnoses have included right lower extremity radiculopathy; right lumbar enthesopathy; status post L3 through S1 anterior-posterior fusion with adjacent segment breakdown; L1-2 and L2-3 degenerative disc disease with asymmetric disc collapse on the left; and significant left L2-3 foraminal stenosis with moderate right foraminal stenosis. Treatments have included medications, diagnostics, and transforaminal epidural steroid injections. Medications have included Norco, Ibuprofen, and Skelaxin. A progress report from the treating physician, dated 01-16-2015, documented a follow-up visit with the injured worker. The injured worker reported low back pain with right lower extremity radiculopathy; he was doing quite well after his transforaminal epidural injection on 10-09-2014; he reports an overall 80% improvement in his symptoms for nearly 3 months; just recently, he has noticed an increase in his axial low back pain; he also has noted an increase in his back spasms with associated numbness and tingling in the legs and burning in the feet; he continues to use Norco and Skelaxin as needed for his symptoms; as his pain increases, this becomes a daily requirement; immediately following injections, it is only as needed; and his use of medications allows him to continue to work through his most painful days and allow him to maintain an active personal life. Objective findings included no acute distress; there is significant tenderness to palpation of the right lumbosacral junction; the left is minimally tender; facet stress maneuver is minimally positive to the left, but positive to the right for axial pain with radiating pain down the right leg; and lower extremity strength exam continues to demonstrate mild focal weakness

and right hip flexion at 5- out of 5. The treatment plan has included the request for right L2-L3 transforaminal epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L2/L3 transforaminal epidural injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

Decision rationale: The patient is s/p lumbar surgery with postoperative MRI indicating intact interbody graft and hardware at L3- to S1 with patent neural foramina without central canal stenosis; mild findings at L2-3. He has received 2 LESI with noted improvement; however, continues with symptom complaints requiring continued analgesics. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and for delay of surgical intervention; however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing, not provided here. The patient is s/p multi-level lumbar fusion of L3-S1 with lumbar spine MRI indication solid fusion without canal stenosis, neural foraminal narrowing or nerve impingement except for mild findings at L2-3. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support repeating the epidural injections. Although the provider reported 80% improvement post previous injections, the patient continues with unchanged symptom severity, unchanged clinical findings without decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this 2001 injury. Criteria for repeating the epidurals have not been met or established. The right L2/L3 transforaminal epidural injection is not medically necessary and appropriate.