

Case Number:	CM15-0141981		
Date Assigned:	07/31/2015	Date of Injury:	12/16/2011
Decision Date:	09/04/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/22/2015

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 female who sustained an industrial injury on 12-16-11. She had complaints of lower back pain. Treatments include: medication, physical therapy and injections. Progress report dated 6-11-15 reports complaints of increased lower back pain that radiates down the left leg. The pain is rated 10 out of 10 without medications. Her quality of sleep is poor. Trigger point injection done at this visit. The injection had a moderate affect on the pain. Post injection the pain is rated 1-3 out of 10. Diagnoses include: low back pain, lumbar radiculopathy and lumbar disc disorder. Plan of care includes: request trigger point injection today due to flare up, hold appeal for MRI of lumbar spine to evaluate degenerative disc disease after epidural steroid injection, no refills needed today, request transforaminal lumbar epidural injection left side. Work status: permanent and stationary working full time with restrictions as follows; no lifting greater than 25 pounds, avoid heavy pushing and pulling greater than 25 pounds, avoid repetitive squatting, limit kneeling to occasional, avoid climbing, ergonomic evaluation recommendation need to be included, allow changing position every 45 minutes of work, alternate between sitting and standing may require to adjust desk height. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar epidural injection (L5-S1 and S1-S2), side: Left: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: The patient presents with pain affecting the low back with radiation down the left leg. The current request is for Transforaminal lumbar epidural injection (L5-S1 and S1-S2), side: Left. The treating physician report dated 6/11/15 (39C) states, patient is in the office today for back pain radiating from low back down Left Leg. The report goes on to state, "Patient reports pt states of increased pain in her lower back going down her left leg on this visit." A report dated 5/7/15 (50C) states, "It is conceivable she would benefit from surgical treatment but in view of relatively normal MRI report and negative electrodiagnostic studies on the left side I feel she is not a good surgical candidate." 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. The medical reports provided, do not show that the patient has received a previous ESI at the L5-S1 and S1-S2 levels. In this case, while the patient does report low back pain that radiates down to the left leg, there is limited documentation to support the aforementioned radicular pain. Furthermore, a report dated 5/7/15 notes a normal MRI report and a negative electrodiagnostic study to the left side. The current request does not satisfy the MTUS guidelines as outlined on page 46. The current request is not medically necessary.