

Case Number:	CM15-0144037		
Date Assigned:	08/05/2015	Date of Injury:	05/17/2011
Decision Date:	09/01/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/24/2015

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(n) 61 year old male, who sustained an industrial injury on 5-17-11. He reported pain in his lower back and left leg after hauling brush and lots of twisting motions. The injured worker was diagnosed as having lumbar strain, lumbar radiculopathy and lumbar degenerative disc disease. Treatment to date has included a lumbar epidural injection at L4-L5 on 11-19-13 with 80% relief for 2 weeks, chiropractic treatments, physical therapy, Ibuprofen and Lidoderm patches. A lumbar MRI on 1-12-12 revealed L4-L5 10.5 x 9.9mm and 14 mm cranial caudal disc herniation of the synovial cyst of the left facet joint. As of the PR2 dated 6-4-15, the injured worker reports low back and left leg pain. He rates his pain a 4 out of 10 with medications and a 6 out of 10 without medications. He was seen by an orthopedic surgeon last week, who recommended a spinal fusion. The treating physician noted that the injured worker had an epidural injection in 2013, which provided 75% relief for over 2 months; however, noted to be 80% with 2 weeks prior. Objective findings include a mild left straight leg raise test, lumbar flexion is 60% restricted and extension is 80% restricted. The treating physician requested a bilateral transforaminal epidural steroid injection at L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection-steroid transforaminal epidural, at bilateral L4-L5 Qty:1: Upheld

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

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

Decision rationale: 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); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support repeating the epidural injections. Although there are conflicting report of relief of 75-80% from 2 weeks up to 2 months, 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 chronic injury without evidence of functional improvement from previous LESI for this 2011 injury. Criteria for repeating the epidurals have not been met or established. The injection-steroid transforaminal epidural, at bilateral L4-L5 Qty:1 is not medically necessary and appropriate.