

Case Number:	CM15-0146840		
Date Assigned:	08/07/2015	Date of Injury:	09/25/2009
Decision Date:	09/04/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/28/2015

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:

The injured worker is a 38 year old male who sustained an industrial lifting injury to the lower back and right knee on 09-25-2009. The injured worker was diagnosed with displacement of lumbar intervertebral disc without myelopathy, internal derangement of the right knee, chronic pain syndrome and depression. The injured worker is status post arthroscopy with synovectomy and chondroplasty of the right knee surgery on January 15, 2015. Treatment to date has included diagnostic testing with recent lumbar magnetic resonance imaging (MRI) on June 3, 2015, knee surgery, lumbar epidural steroid injections (last received in June 2013 with over 50% relief), bracing, hot and cold wraps, psychotherapy sessions and pharmacological treatment, physical therapy, transcutaneous electrical nerve stimulation (TEN's) unit and medications. According to the primary treating physician's progress report on May 6, 2015, the injured worker continues to experience low back pain radiating to the left posterior thigh, posterior calf and to the bottom of the left foot. The injured worker rates his pain level at 8 out of 10 on the pain scale without medications and 5 out of 10 with medications. Examination demonstrated a normal gait with tenderness at the lumbosacral junction and pain with lumbar flexion and extension. There was some relief noted with lumbar distraction. A positive straight leg raise while seated with the foot in dorsiflexion was noted reproducing radiating symptoms to the posterior thigh and posterolateral calf mostly in the S1 distribution. Current medications are listed as Norco 10mg- 325mg, Tizanidine, LidoPro patches, Pristiq, Nuvigil and Xanax. Treatment plan consists of continuing with follow-up for knee and physical therapy, medication regimen and the current request for a transforaminal epidural steroid injection at S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal epidural steroid injection at S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46.

Decision rationale: The claimant sustained a work-related injury in September 2009 and is being treated for knee and radiating low back pain. When this request was made, he was having low back pain radiating to the left lower extremity to the foot. A prior lumbar epidural steroid injection in June 2013 provided more than 50% pain relief lasting at least through August 2013. Physical examination findings included positive left straight leg raising. There was lumbar tenderness and pain with range of motion. An MRI in 2012 and electrodiagnostic testing in 2013 was consistent with left lumbar radiculopathy. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the claimant had pain relief after the previous lumbar epidural steroid injection in 2013. Testing available at the time of the request corroborates the claimant's left sided radicular complaints, and included both positive imaging findings and electrodiagnostic testing. The requested repeat epidural injection was within applicable guidelines and medically necessary.