

Case Number:	CM15-0147357		
Date Assigned:	08/10/2015	Date of Injury:	09/03/2003
Decision Date:	09/10/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/29/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 62 year old male, who sustained an industrial injury on 09-03-2003. He has reported injury to the low back. The diagnoses have included right S1 radiculopathy; status post L5-S1 microdiscectomy, on 06-29-2007; status post spinal cord paddle insertion, on 06-15-2011; status post spinal cord stimulator removal, on 06-14-2012; and associated mood and sleep disorder. Treatment to date has included medications, diagnostics, spinal cord stimulator, and surgical intervention. Medications have included Ibuprofen, Robaxin, Vibryd, Opana IR, Valium, Neurontin, Ultram, Protonix, and Ambien. A progress note from the treating physician, dated 06-23-2015, documented a follow-up visit with the injured worker. The injured worker reported low back pain which is constant; the pain is on the right side of the lumbar region with radiation to the posterolateral aspect of the right lower extremity to the knee; the pain is exacerbated by sitting, standing, and wet-cold weather; the pain is alleviated by rest, lying down, heat, and swimming; medications currently include Neurontin, Ibuprofen, Ultram, Vibryd, and Protonix; and despite the current medication regimen, he has significant pain. Objective findings included he is in mild-moderate discomfort in the seated position; he has moderate difficulty getting up from the seated position; gait is antalgic; there is moderate tenderness at the right sciatic notch; range of motion is decreased and painful with flexion, extension, and lateral bending; and the right L5 and S1 dermatomes have mildly diminished sensation to pinprick testing. The treatment plan has included the request for transforaminal epidural steroid injection at right L5-S1 under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection at right L5-S1 under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI) Page(s): 46.

Decision rationale: CA MTUS Guidelines state that ESI are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS gives specific criteria for ESI, stating, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case, the patient has low back pain radiating to the posterolateral right lower extremity to the level of the knee. The patient is S/P lumbar surgery and an SCS implant and removal. It is unclear if ESI performed in the past resulted in any pain relief or improved function. No imaging studies were submitted to corroborate the physical exam findings. Without further information, the medical necessity of this request cannot be established. The request is not medically necessary.