

Case Number:	CM15-0149868		
Date Assigned:	08/12/2015	Date of Injury:	05/01/2011
Decision Date:	09/15/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/31/2015

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 63-year-old male who sustained an industrial injury on 5-1-11. He had complaints of low back pain. Treatments include medication, physical therapy, home traction, yoga and exercise program at home and injections. Progress report dated 6-4-15 reports continued complaints of worsening low back pain. The epidural steroid injection given in January 2015 provided him with greater than 50% relief in pain. The pain increased about 3 months after the injection and he started taking oxycodone with gives him 50% relief in pain. The pain is described as a constant, throbbing, aching, shooting pain in the lower back right buttock and down the right leg to the ankle. He has occasional numbness and tingling. He has difficulty lifting. The pain is rated 6 out of 10 currently, 8 out of 10 at its worst and 4 out of 10 at its best. Diagnoses include: lumbar degenerative disc disease, and hypertension. Plan of care includes: request authorization for right L5-S1 TESI injection, refill oxycodone, and continue home exercise program, home traction and yoga. Work status: not currently working. Follow up in 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 Transforaminal Epidural Steroid Injection: Overturned

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

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

Decision rationale: The patient presents with constant pain in the low back, right buttock and radiating down the right leg to the ankle with occasional numbness and tingling. The current request is for right L5-S1 transforaminal epidural steroid injection. The treating physician states on 7/2/15 (12B), "He does meet the criteria laid out in the ODG for repeat injections. I will therefore request authorization for a right L5-S1 TESI." This PR-2 documents that the patient received an ESI around January 2015 with greater than 50% pain relief and the functional ability to start doing ADL's at home, to garden and to walk further. Additionally, the patient was only taking OTC medication for about 3 months after the injection at which time the pain began to increase. MTUS Guidelines support the usage of ESI for the treatment of radicular pain that must be documented in physical examination and corroborated by diagnostic imaging - testing. Additionally, the radicular pain should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Finally, in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the clinical records provided do document a history of successful treatment with prior ESIs. The clinical history does document at least 50% pain relief and an associated reduction in medication for three months. The patient unfortunately has return of the symptoms. MTUS allows up to 4 blocks per year and the request falls within the guidelines. The current request is medically necessary.