

Case Number:	CM15-0162980		
Date Assigned:	08/31/2015	Date of Injury:	03/05/2008
Decision Date:	10/05/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/19/2015

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 60-year-old female with an industrial injury dated 03-05-2008. The injured worker's diagnoses include lumbar spine pain, lumbar spine radiculopathy and failed back syndrome of the lumbar. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06-05-2015, the treating physician reported that the injured worker was being followed for chronic lumbar post laminectomy syndrome status post work related injury and status post two previous lumbar spine surgeries. The injured worker reported ongoing low back pain rated 8 out of 10. Objective findings revealed positive straight leg raises, left sided pain with palpitation at L3-S1, pain with palpitation at the lumbar intervertebral spaces, pain with lumbar flexion and extension, global left leg weakness, depressed left ankle and antalgic gait. The treatment plan consisted of medication management. The treating physician prescribed services for bilateral L4-5, L5-S1 transforaminal epidural steroid injections x1 with fluoro, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Bilateral) L4-5, L5-S1 transforaminal epidural steroid injections x1 with fluoro: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46-47.

Decision rationale: The patient presents with low back pain described as aching, annoying, constant, numb, radiating, shooting, tingling and severe rated 8/10. The request is for (BILATERAL) L4-5, L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTIONS X1 WITH FLUORO. The request for authorization is not provided. The patient is status post 2 lumbar spine surgeries. Physical examination of the lumbar spine reveals a scar. Straight leg raise on the left positive. Radiating leg pain and numbness. Palpation of the lumbar facet reveals left sided pain at L3-S1. There is pain noted over the lumbar intervertebral spaces (discs) on palpation. Range of motion causes pain. Decreased sensation at L5-S1, bilateral. Patient's medications include Norco and Neurontin. The patient's work status is not provided. MTUS, Epidural Steroid Injections Section, pages 46, 47 states, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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." Treater does not discuss the request. Per progress report dated 06/05/15, treater states, "The patient was approved for the MRI. It has apparently been scheduled for next week some time." In this case, the patient has radicular symptoms with physical examination findings of positive straight leg raise and decreased sensation bilaterally. However, no imaging studies was provided for review. Given the lack of dermatomal distribution of pain documented by physical examination findings and corroborated by imaging studies, the request does not appear to meet MTUS guidelines indication. Therefore, the request IS NOT medically necessary.