

Case Number:	CM15-0163674		
Date Assigned:	08/31/2015	Date of Injury:	05/04/2014
Decision Date:	09/30/2015	UR Denial Date:	07/25/2015
Priority:	Standard	Application Received:	08/20/2015

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: Emergency Medicine

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 05-04-2014. He has reported injury to the low back. The diagnoses have included low back pain; lumbar degenerative disc disease; and lumbar stenosis. Treatment to date has included medications, diagnostics, acupuncture, and physical therapy. Medications have included Naproxen, Neurontin, and Lansoprazole. A progress report from the treating physician, dated 07-15-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of low back pain, on the midline and on the left, sacral region in the midline and on the left, and flank area on the left side only; the pain level is rated at 7 out of 10 in intensity; he sometimes feels pain into his buttock and into his left leg; he feels a soreness and some numbness and tingling; sitting, standing, and walking all affect him, depending how long he does those things; he feels like his left leg is lagging as compared to his right, like he is stumbling on the left leg; he has had 12 sessions of physical therapy and tried acupuncture with no relief; his work could not accommodate the restrictions; and he is not working. Objective findings included low back pain bilaterally with flexion of the lumbar spine; gluteal pain bilaterally; full extension of the lumbar spine with low back pain bilaterally; left dorsiflexion is weak when walking on the heel; and straight leg raising test is positive on the left. The treatment plan has included the request for bilateral L5-S1 transforaminal lumbar epidural steroid injection; and Valium 5mg, take one tablet 45 minutes prior to procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5/S1 transforaminal lumbar epidural steroid injection: Upheld

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(ESI) Page(s): 46.

Decision rationale: MRI of Lumbar spine report dated 3/10/15 shows degenerative changes with disc desiccation and spinal stenosis at L4-5. As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may be recommended if it meets criteria. 1) Goal of ESI: ESI has no long-term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for LESI. While provider documents that patient wants to "try" ESI in order to avoid surgery, it is unclear how a temporary relief of pain is going to do that. There is no plan for additional PT or therapy documented. There is no long-term plan. Fails criteria. 2) Unresponsive to conservative treatment. There is no appropriate documentation of prior conservative therapy attempts. Patient has only been noted to have undergone physical therapy. There is no noted home exercise program and no other conservative measures include 1st line medications for claimed radicular pain has been attempted. Patient has only been noted to be on gabapentin for only a few months. Other medications have not been attempted yet and patient is only on NSAIDs. Fails criteria. Patient fails multiple criteria for lumbar epidural steroid injection. Location of requested ESI does not correlate with MRI findings. MRI shows stenosis to be at L4-5. It is unclear why provider has requested injection at L5-S1. Lumbar epidural steroid injection is not medically necessary.

Valium 5mg, take one tablet 45 minutes prior to procedure: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Valium is a benzodiazepine. As per MTUS Chronic pain guidelines is not recommended for long-term use. Valium was requested for pre-procedural sedation/anxiolytic. However, requested procedure is not medically necessary as determined by UR and this independent medical review. Valium is not medically necessary. Therefore, the request is not medically necessary.