

Case Number:	CM15-0163733		
Date Assigned:	08/31/2015	Date of Injury:	12/23/2003
Decision Date:	10/05/2015	UR Denial Date:	07/28/2015
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: 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 65 year old female, who sustained an industrial injury on 12-23-2003. She reported injury to the right side from a trip and fall. Diagnoses include right hip fracture, right thumb fracture, right wrist cyst, plantar fasciitis, and low back strain, left L3 radiculopathy with weakness and sensory deficit, L3-L4 coflex placement with instability on flexion, and L4-L5 and L5-S1 lumbar fusion, and right wrist injury, status post hip surgery and revision. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, she complained of ongoing pain in the low back, hip, right wrist and depression. The back pain was aggravated approximately one month earlier and is reported with increased back pain and left leg pain. On 7-8-15, the physical examination documented decreased sensation to left lower extremity, hip weakness, and tenderness in the lumbar region. A trigger point injection was administered on this date and the records indicated it was not successful in reducing pain. The plan of care included a request to authorize a transforaminal epidural injection to left L3-L4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3-4 Transforaminal Epidural Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

Decision rationale: Review indicates the patient has continued to treat for multiple symptom complaints. Recent reevaluation by orthopedic QME on 6/8/15 noted the patient with continued intact neurological exam of the lower spine and extremities with 5/5 motor strength and intact sensation and DTRs 2+ symmetrically. The QME deemed the patient to be Permanent & Stationary having reached Maximal Medical Improvement. Future medical provision for the lumbar spine included medications and PT of 6 sessions per exacerbation without recommendation for epidurals or surgical intervention. On 7/8/15, the provider noted continued chronic symptoms. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. Criteria for the epidurals have not been met or established. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted s/p L4-S1 fusion. Although the provider reported improvement post surgery, the patient continues with unchanged symptom severity, unchanged clinical findings of intact neurological findings without specific decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this chronic 2003 injury. Criteria for the epidurals have not been met or established. The Left L3-4 Transforaminal Epidural Injection is not medically necessary and appropriate.