

Case Number:	CM15-0166823		
Date Assigned:	09/04/2015	Date of Injury:	11/15/2010
Decision Date:	10/08/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/25/2015

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 46 year old male who sustained an industrial injury on 11-15-10. He had complaints of sharp pain in his back, neck, right arm, both legs, both knees, both ankles and both feet. Treatments include: medication, physical therapy and surgery. Progress report dated 6-22-15 reports continued complaints of neck and lower back pain. Diagnoses include: cervical discogenic pain, lumbar discogenic pain and history of lumbar spine surgery. Plan of care includes: request lumbar epidural steroid injection at L4-5 level using transforaminal approach and medications reviewed. Follow up in 6 weeks.

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 L4-L5 using fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The current request is for a Transforaminal epidural steroid injection at L4-L5 using fluoroscopy. The RFA is dated 06/22/15. Treatments include: medication, physical therapy and lumbar surgery (2013). The patient is not working. MTUS Chronic Pain Guidelines, Epidural Steroid Injections section, page 46: "Criteria for the use of Epidural steroid injections:

1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 8. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." 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." Per report 06/22/15, the patient presents with sharp pain in his back to the bilateral lower extremities. Examination revealed decreased ROM, muscle spasms and tenderness to palpation. "Sensation is intact throughout, motor strength is 5/5 throughout, deep tendon reflexes are +2 and equal." MRI study from 04/14/15 showed 1-2mm disc protrusion throughout with no evidence of canal stenosis or neural foraminal narrowing. EMG study from 06/10/15 was within normal limits. The treater is requesting a LESI to reduce inflammation, decrease pain and restore function. In this case, radiculopathy is not established via examination findings and the MRI report from 04/14/15 indicates minimal disc protrusion and does not corroborate the patient's lower extremity pain. In addition, the EMG was within normal limits. The patient does not meet the criteria for an Epidural steroid injection. This request is not medically necessary.