

Case Number:	CM15-0166956		
Date Assigned:	08/31/2015	Date of Injury:	03/01/2001
Decision Date:	10/05/2015	UR Denial Date:	08/03/2015
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: 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 was a 54-year-old female, who sustained an industrial injury, March 1, 2015. The injured worker previously received the following treatments Naproxen, Ambien, Cymbalta, Aciphex, Colace, Lorzone, Lunesta, Nucynta, lumbar spine CT scan and lumbar spine MRI. The injured worker was diagnosed with cervicocranial syndrome, chronic low back pain and bilateral leg pain, history of 2 level fusion and hardware removal at L4-L5, chronic neck pain with arm pain, post laminectomy syndrome lumbar region, cervical region myalgia and myositis, thoracic and or lumbosacral neuritis and radiculitis. According to progress note of July 23, 2015, the injured worker's chief complaint was increased low back and bilateral leg pain lately due to no medications being authorized. The neck pain was worse as well. The pain was rated the average pain from the prior visit at 8-9 out of 10. The mood since the last visit was 7-8 out of 10. The functional level has been 6-7 out of 10. The injured worker was also complaining of poor quality of sleep. The injured worker was complaining of lower back pain radiating into the legs, secondary to new lesions found above the fusion. There was discogenic pain at L3-L4 level. There were no new neurological deficits. There injured worker was complaining of neck pain the left greater than the right arm pain. The injured worker had cervicogenic headaches as well left greater than the right. The treatment plan included left transforaminal epidural steroid injection at L3-4 and L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) left transforaminal epidural steroid injection at L3-4 and L4-5: Upheld

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

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

Decision rationale: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections(ESI) may be useful in radicular pain and may 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 ESI. There is no long-term plan for this procedure. Fails criteria. 2) Unresponsive to conservative treatment. There is no appropriate documentation of prior conservative therapy attempts. Pt has only been noted to undergo physical therapy and has noted worsening pain. Due to lack of information concerning attempted conservative care, patient does not meet criteria. Fails criteria. Patient fails multiple criteria for lumbar epidural steroid injection. Lumbar epidural steroid injection is not medically necessary.