

Case Number:	CM15-0181094		
Date Assigned:	09/22/2015	Date of Injury:	06/29/2011
Decision Date:	10/27/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/14/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 52 year old male, who sustained an industrial injury on June 29, 2011. On July 22, 2015 the injured worker reported bilateral knee pain and low back pain. He rated the pain an 8 on a 10-point scale with medications and a 9 on a 10-point scale without medications. His medication regimen included Cymbalta 60 mg, gabapentin 400 mg, Norco 10-325 mg, OxyContin 30 mg, valium 10 mg and Zipsor 25 mg. On physical examination, the injured worker had restricted range of motion of the lumbosacral spine due to pain. He had a positive lumbar facet loading maneuver and positive bilateral straight leg raise. The injured worker is documented to have failed physical therapy, acupuncture therapy, NSAIDS, TENS Units and had previous left L4-L5 and L5-S1 lumbar transforaminal epidural steroid injections with the last injection being August 2014. Initially the lumbar transforaminal epidural steroid injection provided pain relief with somewhat improved functionality for about 7 weeks. The injured worker was diagnosed as having lumbar radiculopathy, low back pain, lumbar disc herniation without myelopathy and post laminectomy syndrome. A request for authorization for bilateral L4-5, L5-S1 lumbar transforaminal epidural steroid injection was received on August 13, 2015. On August 20, 2015, the Utilization Review physician determined bilateral L4-5, L5-S1 lumbar transforaminal epidural steroid injection was not medically necessary.

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 Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, Physical Methods, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: In this case, the claimant does have imaging and physical findings consistent with radiculopathy. Prior injections were a year ago and provided 7 weeks of "some improvement." Percent was not noted. The ACOEM guidelines do not recommend ESIs due to their short-term benefit. The request for another ESI is not medically necessary.