

Case Number:	CM15-0181098		
Date Assigned:	09/30/2015	Date of Injury:	03/01/2012
Decision Date:	11/10/2015	UR Denial Date:	09/01/2015
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: 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 33 year old female who sustained an industrial injury on 3-1-12. A review of the medical records indicates she is undergoing treatment for lumbar disc displacement at L5-S1 with left lumbar radiculopathy, possible left sacroiliac joint arthropathy, as well as depression, stress, anxiety, and sleep disorder due to chronic pain. Medical records 7-7-15 to 8-20-15) indicate ongoing complaints of lower back pain. The physical exam (7-7-15) indicates tenderness to palpation over the left lower lumbar paraspinal muscles and over the left posterior-superior iliac joint. Range of motion in the lumbar spine is restricted on flexion "primarily" to 45 degrees. Straight leg raise is positive on the left side. Gait is "slightly antalgic". The 8-19-15 physical exam by the orthopedic provider indicates that tenderness along the sacroiliac joint is "exquisite to the left and midline". The provider states "there is some decreased sensation on the right side along the big toe in the L5 dermatome". Diagnostic studies have included an MRI of the lumbar spine on 1-10-13. Treatment has included physical therapy, chiropractic treatments, a TENS unit trial, an H-wave unit trial, a sacroiliac ligament injection, medications, and a left lumbar transforaminal epidural steroid injection at L5-S1 on 5-29-15. The injured worker reports "moderate" decrease in left lower extremity pain and paresthesias, as well as decreased muscle spasms of the left leg, following the injection. She reports that she still has lower back pain, stating "mild reduction in pain", but continues to have "some muscle spasm in the left lower back and left buttock". She reports that she would "like another course of physical therapy" and "is interested" in repeating the injection. The utilization review (9-1-15) includes a request for authorization for left transforaminal lumbar epidural steroid injection at L5-S1 x 1 and lumbar epidurogram x1, contrast dye, IV sedation, and fluoroscopic guidance. The requested services were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left transforaminal LESI (Lumbar Epidural Steroid Injection) at L5-S1 with lumbar epidurogram, contrast dye, IV (Intravenous) sedation and fluoroscopic guidance, quantity:

1: Upheld

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

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

Decision rationale: 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. In addition, to repeat a LESI 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 along with increased ADLs and functional status. Submitted reports have not demonstrated any functional improvement derived from the LESI as the patient has remained functionally and clinically unchanged. Criteria to repeat the LESI have not been met or established. The Left transforaminal LESI (Lumbar Epidural Steroid Injection) at L5-S1 with lumbar epidurogram, contrast dye, IV (Intravenous) sedation and fluoroscopic guidance, quantity: 1 is not medically necessary and appropriate.