

Case Number:	CM15-0181512		
Date Assigned:	09/22/2015	Date of Injury:	04/21/2009
Decision Date:	11/10/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/15/2015

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 55 year old female, who sustained an industrial injury on 4-21-09. Medical records indicate that the injured worker is undergoing treatment for low back pain, lumbar disc displacement with radiculitis and myalgia. The injured workers current work status was not identified. On (8-13-15) the injured worker complained of middle low back pain with radiation to the left lower extremity, extending to the lateral side of the ankle. Associated symptoms include numbness and tingling. The pain was rated 5-7 out of 10 on the visual analogue scale. The pain was aggravated by bending, lifting and standing for extended periods. Lying down and hot baths mildly alleviate the pain. The pain was noted to impair the injured workers ability to perform household chores, walk and run. Examination of the lumbar spine revealed a full range of motion with no increase in pain and normal sensation in the bilateral lower extremities. Motor strength was diffusely 4-5 in the right lower extremity and 5-5 in the left. A straight leg raise test was positive on the right. Treatment and evaluation to date has included medications, MRI, CT scan, epidural steroid injection (2012), physical therapy and ice treatments. The prior lumbar epidural steroid injection was noted to have worked well. Current medications include Nalfon. Current requested treatments include a request for a lumbar transforaminal epidural steroid injection to right lumbar four-lumbar five. The Utilization Review documentation dated 9-2-15 non-certified the request for a lumbar transforaminal epidural steroid injection to right lumbar four-lumbar five.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal epidural steroid injection for the right L4-L5: 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, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. In addition, to repeat a LESI in the therapeutic phase, repeat blocks should be based on continued objective documented decreasing pain and increasing functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Criteria for repeating the epidurals have not been met or established as the patient continues to treat for chronic pain without functional benefit from previous injections in terms of decreased pharmacological formulation, increased ADLs and decreased medical utilization. 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. The Lumbar transforaminal epidural steroid injection for the right L4-L5 is not medically necessary and appropriate.