

Case Number:	CM15-0182102		
Date Assigned:	09/23/2015	Date of Injury:	12/01/2011
Decision Date:	10/27/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45 year old male, who sustained an industrial-work injury on 12-1-11. He reported initial complaints of low back pain. The injured worker was diagnosed as having lumbar facet arthropathy, headache, thoracic or lumbosacral neuritis or radiculitis, myofascial pain syndrome-myositis, spondylolisthesis, lumbar stenosis, lumbago, lumbar post laminectomy syndrome, lumbosacral disc degeneration, lumbar spine fusion. Treatment to date has included medication, ESI (epidural steroid injection) on 3-14-15, 9-29-14, and 5-17-14, and diagnostics. MRI results were reported on 6-5-15 showed stable post-surgical changes of interbody fusion of L4-5 and L5-S1. Currently, the injured worker complains of right low back pain with radiation along the right lower extremity and stable numbness along the right dorsum of the foot. Pain was rated 9 out of 10 at worst, 6 out of 10 at best, and 7 out of 10 at average. Per the primary physician's progress report (PR-2) on 8-14-15, exam revealed positive straight leg raise on the right, positive paresthesias along the right posterior lower extremity and decreased sensation along the right lateral anterior lower extremity. Current plan of care includes medications, transcutaneous electrical nerve stimulation (TENS) unit, and a right TFESI (Transforaminal epidural steroid injection) with sedation. The Request for Authorization requested service to include Right L2, L3 and L4 TFESI (Transforaminal Epidural Steroid Injection) with sedation. The Utilization Review on 8-21-15 denied the request due to lack of documentation of efficacy of prior injections, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L2, L3 and L4 TFESI (Transforaminal Epidural Steroid Injection) with sedation:
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: The claimant sustained a work injury in December 2011 and is being treated for chronic pain after a multilevel lumbar fusion including a diagnosis of post laminectomy syndrome. Treatments have included epidural injections with a two level right-sided transforaminal epidural done on 03/14/15. The procedure report was provided. Similar injections are referenced as having provided good pain relief. When seen, he was requesting a repeat epidural injection procedure. He was having low back pain with radiating symptoms into the right lower extremity. He had pain rated at 6-9/10. Physical examination findings included a body mass index of nearly 32. There was positive right straight leg raising and decreased right lower extremity sensation. Being requested is authorization for a three level transforaminal epidural injection with monitored sedation. In the therapeutic phase guidelines recommend that a repeat epidural steroid injection 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. In this case, the degree and duration of any pain relief following the previous injection is not documented. Additionally, guidelines recommend that no more than two nerve root levels should be injected using transforaminal blocks and a three level procedure is now being requested. There is no indication for monitored anesthesia care. For any of these reasons, the requested epidural steroid injection is not medically necessary.