

Case Number:	CM15-0182454		
Date Assigned:	09/23/2015	Date of Injury:	11/15/2007
Decision Date:	10/28/2015	UR Denial Date:	09/01/2015
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:

This 55 year old female sustained an industrial injury on 11-15-07. Documentation indicated that the injured worker was receiving treatment for low back pain with left sciatica, lumbar radiculopathy, myalgia, cervical spine degenerative disc disease, brachial neuritis and lumbar stenosis with neurogenic claudication. Previous treatment included epidural steroid injections, physical therapy and medications. In a progress note dated 8-14-14, the injured worker reported that lumbar epidural steroid injections at left L3-4 and L5-S1, on 7-7-14, decreased her pain from 7 out of 10 on the visual analog scale to 10 out of 10, resulting in an "acceptable" level of pain control for approximately 3 weeks before the pain symptoms started to worsen. At the time of exam, the injured worker was not yet at her pre -procedure pain baseline. The injured worker walked with a normal gait and had 5 out of 5 bilateral upper and lower extremity strength. The treatment plan included repeat lumbar epidural steroid injections at left L3-4 and L5-S1 followed by physical therapy. In a PR-2 dated 5-14-15, the injured worker complained of pain to the lumbar spine with radiation to the left lower extremity and cervical spine, rated 6 to 7 out of 10. Physical exam was remarkable for tenderness to palpation to the lumbar spine with positive left straight leg raise and normal gait. The treatment plan included left L3-4 and L5-S1 epidural steroid injections, refilling Percocet and starting a yoga core strengthening program. On 9-1-15, Utilization Review noncertified a request for transforaminal lumbar epidural steroid injections at left L3-4 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Epidural Steroid Injection Left L3-L4 and L5-S1: 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 November 2007 and is being treated for low back pain with left lower extremity radicular symptoms. A two level lumbar transforaminal epidural steroid injection was performed on 07/07/14. The procedure report was provided and documents proper flow of the injectate at the targeted levels. In August 2014 there had been a 30% decreased in pain lasting for three weeks before her symptoms started to worsen. When seen, she was having radiating low back pain into the left lower extremity rated at 6-7/10. Physical examination findings included mild to moderate tenderness with positive straight leg raising. There was a normal gait. No other neurological findings were recorded. A repeat injection using the same approach and at the same levels was requested. 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 claimant had only 30% pain relief lasting for three weeks. The same approach is being planned with the prior injection having been technically successful. The request is not medically necessary.