

Case Number:	CM15-0183111		
Date Assigned:	09/24/2015	Date of Injury:	07/25/2011
Decision Date:	11/06/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/17/2015

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, North Carolina
 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 64 year old female, who sustained an industrial injury on 07-25-2011. She has reported subsequent back and lower extremity pain and was diagnosed with failed back surgery syndrome, lumbar degenerative disc disease with radicular pain, sacroilitis and myofascial spasm. Imaging was noted to demonstrate multilevel lumbar spine degenerative disc disease and joint disease but the date of the study is unclear. Treatment to date has included pain medication, rest, stretching, left L5-S3 radiofrequency rhizotomy, application of heat and ice, physical therapy and spinal cord stimulator placement. Pain medication was noted to provide good pain relief and spinal cord stimulator was noted to have provided relief, however the most recent progress note indicates that the degree of relief from spinal cord stimulator had decreased since she sustained a recent fall. In a progress note dated 08-31-2015, the injured worker reported continued right leg pain. The injured worker's goal was noted to be to discontinue opioid medication and she was trying to keep them to a minimum when possible. Objective examination findings showed positive straight leg raise of the right lower extremity, tenderness to palpation with allodynia and an antalgic gait. The injured worker was noted to have retired on 08-24-2015. The physician indicated that steroid injections in the past had significantly helped at reducing the injured worker's oral medications. The physician noted that a right S1 transforaminal epidural steroid injection would be ordered and that a trial of the long-acting medication MS Contin would be initiated. A request for authorization of sacroiliac transforaminal lumbar epidural was submitted. As per the 09-09-2015 utilization review, the request for sacroiliac transforaminal lumbar epidural was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

SI (sacroiliac) Transforaminal Lumbar Epidural: 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: CA MTUS Guidelines state that ESIs are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing (EDS). In addition, the condition must be unresponsive to conservative treatment. ESI can offer short-term pain relief; however, there is little evidence of functional improvement. In this case, the patient has had previous steroid injections; however, the submitted documentation does not provide the date of previous procedures and percentage/duration of functional improvement. There is no current documentation of radiculopathy on physical examination and no imaging studies or EDS to support a repeat ESI. Therefore, the request is not medically necessary or appropriate.