

Case Number:	CM15-0185738		
Date Assigned:	09/25/2015	Date of Injury:	07/05/1996
Decision Date:	11/02/2015	UR Denial Date:	09/05/2015
Priority:	Standard	Application Received:	09/21/2015

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 66 year old male, who sustained an industrial injury on 7-5-1996. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include lumbar disc degeneration, stenosis, radiculopathy, status post lumbar fusion. Treatments to date include activity modification, medication therapy, physical therapy, and epidural steroid injections. Currently, he complained of progressively worse pain in the low back and left lower extremity radiculopathy that is associated with numbness and tingling. Pain was rated 9 out of 10 VAS. The provider documented previous epidural injections provided pain relief for six to seven months. On 8-25-15, the physical examination documented limited lumbar range of motion with tenderness, decreased sensation to left lower extremity, and positive left side straight leg raise test. The plan of care included bilateral epidural steroid injection to L4-5 and continuation of medication therapy. The appeal requested authorization for repeat transforaminal epidural steroid injections bilaterally to lumbar L4-L5 levels. The Utilization Review dated 9-5-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat transforaminal epidural steroid injection bilateral lumbar L4-5: 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: Review indicates the provider noting the patient had significant pain relief for months post previous LESI, the patient underwent last LESI at bilateral L4-5 on 8//12/14 that noted no pain relief or functional benefit identified. 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 Repeat transforaminal epidural steroid injection bilateral lumbar L4-5 is not medically necessary and appropriate.