

Case Number:	CM15-0187977		
Date Assigned:	09/29/2015	Date of Injury:	02/18/2014
Decision Date:	11/09/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/24/2015

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 53 year old female, who sustained an industrial injury on 2-18-14. The injured worker is being treated for thoracolumbar sprain-strain, degenerative joint disease of lumbosacral segments at L4-5, degenerative joint disease of lumbar spine L4-S1 and (HNP) herniated nucleus pulposus. Treatment to date has included physical therapy (which is not helping), home exercise program, oral medications including Tramadol, Naprosyn, Ibuprofen (all from different physicians), Hydrocodone and Amitriptyline, activity modifications and transforaminal epidural steroid injection on 7-23-15 which decreased pain from 7 out of 10 to 2 out of 10 and notes she doesn't feel any better after the injection; she did note some relief from a right L5 transforaminal epidural steroid injection. On 9-16-15, the injured worker reports therapy had little or no positive avail. Work status is noted to be temporary total disability. On 9-16-15 physical exam performed revealed positive Hibb's test on right, pain with laterally pushing leg and loss of range of motion along with flexion-extension pain following dermatomal tract neuritis in L4-5, L5-S1 right greater than left. It is noted on 9-16-15 the provider stated "the following symptoms have diminished with treatment lower back pain, the following symptoms stayed the same lower back pain and the following symptoms have gotten worse lower back pain". The treatment plan included a request for authorization for epidurals, follow up appointment, chiro physical rehabilitation and authorization for a (CT) computerized tomography scan. On 9-23-15 a request for epidurals ASAP in an effort to control lower back symptoms was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection-steroid epidurals in the lower back: 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 February 2014 and is being treated for low back pain. Epidural steroid injections were done in February 2015 and July 2015 with some relief after the first injection and no sustained relief after the second. Versed and Fentanyl were used for both procedures. When seen, she was having worsening low back pain. There was decreased lumbar range of motion. Pain with flexion and extension following a dermatomal pattern is referenced. 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 no improvement after the last injection other than during the recovery period immediately following the procedure which had included sedation with Fentanyl. Currently, radicular complaints are not documented and there are no recorded neurological deficits. A repeat epidural steroid injection is not medically necessary.