

Case Number:	CM15-0190629		
Date Assigned:	10/02/2015	Date of Injury:	09/11/2009
Decision Date:	11/10/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/28/2015

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 37 year old female who sustained an industrial injury on 9-11-09. The injured worker reported "pain radiating down to the right leg." A review of the medical records indicates that the injured worker is undergoing treatments for lumbar radiculitis, sciatica and lumbago. Provider documentation dated 8-26-15 noted the work status as remain off work. Treatment has included home exercise program, physical therapy, radiofrequency ablation, anti-inflammatory medications, and muscle relaxants. Objective findings dated 8-26-15 were notable for paralumbar muscle spasms and bilateral tenderness, limited range of motion, decreased sensation at right L3-L5. The treating physician indicates that "Discussed urine drug screen and narcotic agreement with patient". The original utilization review (9-18-15) denied a request for Lumbar Transforaminal Epidural Steroid Injection at Right L4-5, L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Transforaminal Epidural Steroid Injection at Right L4-5, 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 September 2009 and continues to be treated for chronic back pain with lower extremity radicular symptoms. In July 2013, October 2013 and November 2014 two level right lumbar transforaminal epidural injections were done. An MRI of the lumbar spine in January 2013 showed findings of minimal broad-based disc bulging at L4/5 without canal stenosis or foraminal narrowing. The remaining levels were normal. When seen on 09/09/15, she was having severe radiating pain down the right leg with weakness, numbness, spasms, tingling, and stiffness. She had been increasing her Norco intake. Physical examination findings included lumbar muscle spasm with tenderness. There was decreased range of motion. She had decreased right lower extremity strength and sensation with positive right straight leg raising. Authorization for a lumbar epidural injection was requested. The procedure was performed on 09/29/15. The procedure note references a 50-60% pain relief from prior similar injections. 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 duration of pain relief following the previous injection is not documented. The imaging result provided does not corroborate a diagnosis of radiculopathy. The requested repeat lumbar epidural steroid injection is not medically necessary.