

Case Number:	CM15-0191503		
Date Assigned:	10/05/2015	Date of Injury:	01/20/2003
Decision Date:	11/16/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/29/2015

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 56-year-old male, with a reported date of injury of 01-20-2003. The diagnoses include lumbar radiculopathy. Treatments and evaluation to date have included lumbar transforaminal injection on 07-09-2013, 01-22-2014, and 03-18-2015, Norco, Soma, and Prilosec. The diagnostic studies to date have included a urine drug screen on 09-09-2015 with consistent findings. The progress report dated 06-17-2015 indicates that the injured worker had low back pain and neck pain. It was noted that the medications provided the injured worker with a 30-50% improvement. The medications in combination with the epidurals helped the injured worker work again and function appropriately. The physical examination showed no scoliosis of the lumbar spine; no signs of inflammation; positive trigger points in the lumbar paraspinal muscles; an antalgic gait; no pain with anterior lumbar flexion; and no pain with lumbar extension. The injured worker's work status was noted as permanent and stationary. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested transforaminal lumbar epidural steroid injection at the bilateral L4-5 and L5-1 under fluoroscopy and monitored anesthesia care. On 09-16-2015, Utilization Review (UR) non-certified the request for transforaminal lumbar epidural steroid injection at the bilateral L4-5 and L5-1 under fluoroscopy and monitored anesthesia care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar epidural steroid injections L4-5, L5-S1 bilateral under fluoroscopy monitored anesthesia care: 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 has a remote history of a work injury in January 2003 and is being treated for low back and knee pain. Bilateral lumbar transforaminal epidural steroid injections were done in July 2013, January 2014, and March 2015. When seen, the claimant was having worsening low back pain rated at 7/10. He was requesting a repeat transforaminal epidural steroid injection reporting that they usually help. Physical examination findings have included a body mass index of 27 with an antalgic gait, lumbar paraspinal muscle trigger points, and bilateral generalized knee tenderness. 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 degree and duration of any pain relief following the previous injections is not documented. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex responses that support a diagnosis of radiculopathy. There is no indication for the use of monitored anesthesia care. For any of these reasons, the requested repeat lumbar epidural steroid injection is not considered medically necessary.