

Case Number:	CM15-0195457		
Date Assigned:	10/09/2015	Date of Injury:	08/31/2012
Decision Date:	11/18/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/05/2015

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 51 year old female, who sustained an industrial injury on 8-31-12. The injured worker was diagnosed as having lumbosacral degenerative disc disease, lumbar disc herniation, radiculopathy and chronic pain syndrome. Medical records (2-4-15 through 7-2-15) indicated low back pain that radiates to the right lower extremity. The physical exam (2-4-15 through 7-2-15) revealed lumbar flexion was 80 degrees and extension was 10 degrees and a positive straight leg raise test at 70 degrees. As of the PR2 dated 9-9-15, the injured worker reports residual symptoms in the right lower extremity following the right L5-S1 transforaminal epidural injection received on 8-27-15. The injection provided her with over 50% pain relief. She also has 4 out of 10 pain in her lower back. Objective findings include tenderness to palpation over the lumbosacral spine and a positive straight leg raise test on the right. Treatment to date has included physical therapy (number of sessions not provided), Vicodin and Pantoprazole. The treating physician requested a lumbar TFE right L4-L5, L5-S1. The Utilization Review dated 9-15-15, non-certified the request for a lumbar TFE right L4-L5, L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar TFE right L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: 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 with normal motor strength and sensation. Criteria for repeating the epidurals have not been met or established. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the repeat epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. Although the provider reported improvement post previous injections, however, the VAS level and duration of benefit were not provided and the patient continues with unchanged symptom severity, unchanged clinical findings without specific decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this chronic 2012 injury. Criteria for repeating the epidurals have not been met or established. The Lumbar TFE right L4- L5, L5-S1 is not medically necessary or appropriate.