

Case Number:	CM15-0196630		
Date Assigned:	10/12/2015	Date of Injury:	12/14/1999
Decision Date:	11/18/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/06/2015

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 64 year old female, who sustained an industrial-work injury on 12-14-99. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc disorder, lumbar radiculopathy, and post lumbar laminectomy syndrome. Treatment to date has included pain medication including Lidoderm patch, Flexeril, Percocet and Ambien, diagnostics, lumbar surgery 1994, epidural steroid injection (ESI) 4-29-08 and 8-6-08 with no documentation of pain relief or decrease in medication use, physical therapy (unknown amount), daily stretching exercises, swimming, Transcutaneous electrical nerve stimulation (TENS), and other modalities. Magnetic resonance imaging (MRI) of the lumbar spine dated 10-17-13 reveals post-surgical findings of a left hemilaminectomy, L4-5 disc osteophyte complex and facet hypertrophy. At L3-4 grade 1 retrolisthesis, disc osteophyte complex and facet hypertrophy. There is chronic fracture deformity with depression of the superior L2 endplate. Medical records dated (4-9-15 to 9-22-15) indicate that the injured worker complains of low back pain. The pain is rated 4-8 out of 10 on the pain scale with medications and worsening. The pain is rated 8-9 out of 10 on the pain scale without medications. The medical records also indicate that her activities of daily living (ADL) have decreased. Per the treating physician, report dated 9-22-15 the injured worker has not returned to work. The physical exam dated 9-22-15 reveals that the lumbar spine range of motion is restricted; palpation of the paravertebral muscles there is hypertonicity, spasm and tenderness noted with tenderness noted over the posterior iliac spine on the right. The physician indicates that the injured worker reports "significant radicular pain to the left lower extremity (LLE) along the L5 dermatomal pattern, lateral thigh area." The request for authorization date was 9-2-15 and requested service included 1 Transforaminal lumbar epidural injection at left L5. The original Utilization review dated 10-2-15 non-certified the request for 1 Transforaminal lumbar epidural injection at left L5 as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Transforaminal lumbar epidural injection at left L5: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations, and 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. 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 1 Transforaminal lumbar epidural injection at left L5 is not medically necessary and appropriate.