

Case Number:	CM15-0197593		
Date Assigned:	10/13/2015	Date of Injury:	10/20/2007
Decision Date:	11/19/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/07/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 55 year old female, who sustained an industrial injury on 10-20-2007. She has reported injury to the low back. The diagnoses have included low back pain; degenerative disc disease lumbar region multilevel; facet syndrome lumbar multilevel; status post L5-S1 lumbar fusion x 3; and failed back syndrome. Treatment to date has included medications, diagnostics, spinal cord stimulator placement, and surgical intervention. Medications have included Ibuprofen, Lexapro, and Lyrica. A procedure report from the treating physician, dated 08-29-2015, documented an evaluation and intervention with the injured worker. The injured worker reported low back pain status post fusion at L5-S1 times three and spinal cord stimulator placed in 2008; she turns on the stimulator intermittently and it helps with the pain in her leg but not her low back; approximately a month ago she was bending over and developed acute low back pain radiating down the bilateral legs; this pain has exacerbated her already chronic low back pain; she states that it hurts constantly and she takes Ibuprofen 800 mg three times a day; she was immediately told not to take that much Ibuprofen; she also takes Lyrica 150 mg three times a day; she states that her pain is rated 10 out of 10 in intensity; it is difficult for her to staying in one place for any long period of time; she has difficulty sleeping; and it affects her activities of daily living and her work. Objective findings included she has limited range of motion of the lumbar spine; she has positive straight leg bilaterally; positive facet loading maneuvers bilaterally; she has normal strength in the lower extremities; she has difficulty with twisting and bending due to pain; and she walks gingerly. The injured worker underwent bilateral L4 and L5 nerve root transforaminal epidural steroid injection under fluoroscopy and monitored anesthesia care, on 08-29-2015. The treatment

plan has included the request for 3 transforaminal epidural steroid injections. The original utilization review, dated 09- 10-2015, non-certified the request for 3 transforaminal epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 transforaminal epidural steroid injections: 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 Low Back Complaints 2004, Section(s): Physical Methods, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the guidelines, ESIs are indicated for those with radiculopathy and benefited more than 50 % from prior ESI. In this case, the claimant only had 30% benefit. In addition, only 2 ESIs are recommended at a time. The ACOEM guidelines do not recommend ESI due to their short-term benefit. The request for 3 ESI is not medically necessary.