

Case Number:	CM15-0198115		
Date Assigned:	10/13/2015	Date of Injury:	01/04/2006
Decision Date:	11/20/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/08/2015

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 53 year old male who sustained an industrial injury January 4, 2006. Past history included status post right L4-5 decompression with right L5 then L4 radiculopathy 2007, status post left Achilles tendon repair; status post excision of right Haglund's deformity, debridement of right Achilles tendon and a gastrocnemius Strayer procedure; status post thoracic dorsal column stimulator with leads at T7-8 and T8, 2008 and left Achilles revision repair, removal of retained hardware March 31, 2015. Diagnoses are Achilles bursitis or tendinitis, left; left insertional Achilles tendinitis and chronic Achilles tendinitis; sciatica; lumbosacral spondylosis; lumbosacral disc degeneration. According to physical therapists notes dated September 23, 2015; the injured worker is now independent with long-term home exercises as he has showed good improvement in calf raise capabilities and now demonstrates normal step length. Functional status is documented as activities of daily living tolerance restored and has made reasonable progress to goals. The plan now is the injured worker to continue on a home program of exercises and is discharged to long-term home exercise. According to a primary treating physician's progress report dated September 23, 2015, the injured worker is still dressing the wound on his left heel. The incision is not completely closed and minimal drainage is noted without evidence of infection. He can perform double leg raise but no single leg heel raise. A treating physician's notes dated September 9, 2015, documents the injured worker has done fairly well in the past with scheduled epidural injections bilateral L4-L5 lumbar transforaminal epidural injections and he would like to schedule repeat injections the third week in October prior to the injured workers settlement process in mid-October. His current medication included

Voltaren, Lyrica, Flexeril, and Motrin. A physician's consultation report dated August 20, 2015, documented he has underwent numerous epidural steroid injections, approximately 3-4 per year (bilateral L4-5) from which he reports significant relief for approximately 6-8 weeks, following which his symptoms return to their baseline, waiting again for another injection. At issue, is the request for authorization for transforaminal epidural injection bilateral L4-L5. According to utilization review dated October 1, 2015, the request for Transforaminal epidural injection, lumbar at bilateral L4, L5 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Injection at Bilateral L4-L5: 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 guidelines, ESIs do not offer long-term benefit and are not recommended by the ACOEM guidelines. The MTUS guidelines recommend repeat ESIs for those with radiculopathy on exam and imaging as well as greater than 50% benefit for 6-8 weeks. In this case, the claimant doe have confirmed radiculopathy and receives benefit from the ESI. The claimant was undergoing adjunctive therapy and using pain medications but still benefited mostly from the ESI. The most recent request for an ESI on 9/9/15 did not include a lumbar or neurological exam to substantiate another ESI. No pain scores were provided. As a result an additional ESI is not necessary.