MAXIMUS Federal Services

Case Number:	CM15-0201904		
Date Assigned:	10/16/2015	Date of Injury:	11/10/1997
Decision Date:	11/25/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/14/2015

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 68 year old male with a date of injury on 11-10-1997. The injured worker is undergoing treatment for chronic back pain, lumbar disc disease and radiculitis in the left leg. On 03-30-2015 the injured worker received a left L5-S1 transforaminal block. A physician note dated 04-24-2015 documented the injured worker has continued chronic pain, rated 8-9 out of 10 and this compares to 5-7 out of 10 a month ago. He is feeling worse. He denies any progressive neurological symptoms. In a physician progress noted dated 05-22-2015 it is documented the injured worker feels about the same. He has diffuse lower back pain which rates down the left leg and is rated 6-7 out of 10 and it is constant. Medications help with the pain and allow him to perform activities of daily living. He has continued restricted range of motion. On 06-09-2015 the injured worker states his pain is coming back. He received a L5-S1 transforaminal block and it helped for three months. His left leg is weak and sensory is reduced to pain on the left leg distally on the lateral aspect but also somewhat on the medial. He received a L5-S1 transforaminal block. Treatment to date has included diagnostic studies, medications, and epidural transforaminal blocks, and lumbar epidural injections. Medications include OxyContin, Flexeril and Gabapentin. On 09-16-2015 Utilization Review non-certified the request for Retrospective request for 1 left L5-S1 transforaminal block with fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 left L5-S1 transforaminal block with fluoroscopy: 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: The provider noted patient with pain relief for 3 months from previous transforaminal block; however, review indicates the patient had received previous L5-S1 transforaminal block on 3/30/15 with follow-up report on 4/24/15 and 5/22/15 noting continued chronic pain rated at 8-9/10 and unchanged in subsequent follow-ups. 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) and for delay of surgical intervention. However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. Although the provider reported improvement post previous injections, the patient continues with unchanged symptom severity, unchanged clinical findings without decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this chronic 1997 injury. Criteria for repeating the epidurals have not been met or established. The Retrospective request for 1 left L5-S1 transforaminal block with fluoroscopy is not medically necessary and appropriate.