

Case Number:	CM15-0202721		
Date Assigned:	10/19/2015	Date of Injury:	07/05/2013
Decision Date:	12/01/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old male who sustained an industrial injury on July 05, 2013. The worker is being treated for: injury involving right side of back and right leg pain, Lumbar spine disc protrusion with bulge; bilateral L5 radiculopathy; right sided sciatica, chronic myofascial syndrome. Subjective: July 08, 2013, sharp pain to back right side greater that radiates to the right leg with numbness and tingling. August 04, 2015, April 04, 2015, September 01, 2015: "severe, constant low back pain shooting down right leg with tingling, numbness and paresthesia." He feels "frustrated and angry" with denial of epidural injection. Medications "give him pain relief for a few hours," then the pain returns. Objective: August 04, 2015, July 08, 2013, with slow gait and slightly favoring the right leg. September 01, 2015, left sided SLR positive at 60-70 degrees; right sided is 50-60 degrees; there is diminished sensation to light touch along medial and lateral border of right leg, calf and foot; gait mildly antalgic; increased lumbar lordosis. Medications: July 08, 2013: States "not taking medications for the pain." April 04, 2015, August 04, 2015, September 01, 2015: Naproxen, Neurontin, Flexeril, and Prilosec. Treatment: July 08, 2013 administered Toradol injection right upper outer quadrant and prescribed Biofreeze topical, Etodolac, Orphenadrine, and tramadol with Acetaminophen, DME lumbar support, lumbar pillow and hot and cold pack application; chiropractic care, activity modification, range of motion stretching and exercise. On September 21, 2015 a request was made for L5-S1 right sided transforaminal and translaminar lumbar epidural injection that was noncertified by Utilization Review on September 24, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown right sided L5-S1 transforaminal and translaminar lumbar epidural steroid injection: 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 claimant sustained a work injury in July 2013 when he had sharp low back pain while working on a scaffold and pulling rebar. An MRI of the lumbar spine in July 2013 included findings of multilevel foraminal narrowing with severe left sided findings at L5/S1. In September 2013 electrodiagnostic testing showed findings of bilateral L5 radiculopathy. In October 2013 a two level right transforaminal and single level interlaminar epidural steroid injection procedure was performed. In October and November 2013 there had been no relief. A two level transforaminal epidural steroid injection was performed on 12/17/14. On 01/15/15 there had been 85% pain relief after the epidural steroid injection. When seen, he had low back pain with right more than left shooting pain with numbness and tingling and paresthesias. Pain was rated at 7-8/10. Physical examination findings included positive straight leg raising. There was decreased right lower extremity sensation and strength. There was a mildly antalgic gait. There was an increased lumbar lordosis with tenderness and muscle spasms. A lumbar epidural steroid injection was requested, again using a combined transforaminal and interlaminar approach. The assessment references an 80-85% pain relief lasting for a few months with functional improvement after the previous epidural steroid injection. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than four blocks per region per year. In this case, the claimant had a reported 85% pain relief in January 2015 after the injection procedure performed in December 2014. However, a two level transforaminal epidural steroid injection was performed at that time. When a combined transforaminal and interlaminar epidural steroid injection was done in 2013 there had been no pain relief. A two level transforaminal epidural steroid injection is medically necessary, however, the procedure being requested includes an interlaminar epidural steroid injection as was done in 2013 and that procedure had been ineffective. For this reason the request is not medically necessary.