

Case Number:	CM15-0205334		
Date Assigned:	10/22/2015	Date of Injury:	02/18/1988
Decision Date:	12/04/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/20/2015

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: North Carolina, Georgia

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:

This is a 59-year-old female with a date of injury of February 18, 1988. A review of the medical records indicates that the injured worker is undergoing treatment for degeneration of lumbar or lumbosacral intervertebral disc. Medical records dated July 13, 2015 indicate that the injured worker complained of back pain radiating down both legs rated at a level of 6 to 10 out of 10. Records also indicate the injured worker's standing tolerance is ten minutes and sitting tolerance is five minutes. A progress note dated September 2, 2015 documented complaints of lower back pain radiating to the right buttock, back of the right thigh, and calf rated at a level of 6 to 8 out of 10, and numbness in the left great toe, second toe, and third toe. Per the treating physician (September 2, 2015), the employee was not working. The physical exam dated July 13, 2015 reveals decreased range of motion of the lumbar spine, no paraspinal tenderness, and full strength and sensation of the bilateral lower extremities. The progress note dated September 2, 2015 documented a physical examination that showed no changes since the examination performed on July 13, 2015. Treatment has included physical therapy, magnetic resonance imaging of the lumbar spine (September 23, 2013) that showed degenerative disc and bony changes with disc protrusions at several levels, mild compression of the thecal sac at T12-L1, mild left neural foraminal narrowing at L2-3, L3-4, L4-5, and L5-S1, thecal sac slightly compressed at L4-5, slight narrowing of the spinal canal at L5-S1, and presumed hemangioma within the T12 vertebral body, and medications (Motrin, Pepcid acromioclavicular, and Vicodin). The utilization review (September 25, 2015) non-certified a request for a lumbar transforaminal epidural steroid injection (unknown levels).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal epidural steroid injection (unknown levels): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: CA MTUS guidelines state that epidural steroid injections are an option for the treatment of radicular pain with guidelines recommending no more than 2 epidural steroid injections to for diagnostic purposes. Criteria for ESI includes radiculopathy documented by physical examination and corroborated by imaging and documentation of trial of conservative therapies including NSAIDs, physical therapy, exercise. Repeat epidural blocks should be used only when a 50 % reduction in pain accompanied by reduced medication usage for 6-8 weeks. In this case, there is no documentation radicular signs on physical examination. Additionally, the request does not specify the level of planned ESI. Epidural steroid injection at unknown level is not medically necessary.