

Case Number:	CM15-0205708		
Date Assigned:	10/22/2015	Date of Injury:	08/27/2012
Decision Date:	12/10/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/19/2015

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, Hawaii

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 60 year old male, who sustained an industrial injury on 8-27-12. Medical records indicate that the injured worker is undergoing treatment for lumbar degeneration of intervertebral disc, lumbar facet spondylosis without myelopathy, bilateral degenerative joint disease of the knees and chronic pain syndrome. The injured worker is currently not working. On (9-10-15) the injured worker complained of chronic low back pain which radiated to the right lower extremity. The pain was described as shooting and sharp. Associated symptoms include numbness and tingling. The injured worker was having difficulty walking because of the pain. The pain was rated 6 out of 10 with medication and 9 out of 10 without medications on the visual analogue scale. Examination of the lumbar spine revealed a moderately decreased and painful range of motion. A straight leg raise test was positive on the right. Sensation to light touch and pinprick was noted to be dull. Treatment and evaluation to date has included medications, MRI of the lumbar spine, physical therapy, lumbar medial branch block, right transforaminal epidural steroid injection and a home exercise program. The injured worker had a right transforaminal epidural steroid injection at lumbar three-four on 5-14-15 which provided 50% relief for three months. Current medications include Ibuprofen, oxycodone and OxyContin ER. The request for authorization dated 9-16-15 is for a right transforaminal epidural steroid injection at L3-4. The Utilization Review documentation dated 9-23-15 non-certified the request for a right transforaminal epidural steroid injection at L3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right transforaminal epidural steroid injection at L3-4: Overturned

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 patient presents with recently complaints of chronic low back pain that radiates to the right lower extremity. The current request is for right transforaminal epidural steroid injection at L3-4. The treating physician states in the 9/10/15 (88B) treating report under the section labeled care plans: "Right Transforaminal Epidural Steroid Injection L3-4." MTUS Guidelines support the usage of ESI for the treatment of radicular pain that must be documented in physical examination and corroborated by diagnostic imaging - testing. Additionally, the radicular pain should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Finally, in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. MTUS specifies that no more than two nerve root levels should be injected using transforaminal blocks and no more than one interlaminar level should be injected at one session. In this case, the clinical history documents that the patient has previously had a right transforaminal epidural steroid injection L3-4 on 5/14/15 (4A) which provided 50% relief for three months. The patient is now a candidate for an additional lumbar spine surgery as noted by the Qualified Medical Examiner in his 8/25/15 evaluation report (82B) however according to the QME this has been delayed by a combination of continuing conflict regarding approval for his ongoing medical/surgical care. Given the patient's documented improvement from the prior injection, his continued documented chronic pain and the delayed surgical intervention the current request is medically necessary.