MAXIMUS Federal Services

Case Number:	CM15-0208921		
Date Assigned:	10/27/2015	Date of Injury:	09/21/2013
Decision Date:	12/09/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/23/2015

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: Pennsylvania
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 61 year old male with a date of injury on 09-21-2013. The injured worker is undergoing treatment for intermittent right lumbosacral radiculitis, left L4-L5 radiculopathy, electrodiagnostically confirmed, right knee sprain, superimposed lumbar strain and psychological disturbance. A physician progress note dated 10-01-2015 documents the injured worker recently underwent a right L4 transforaminal epidural injection on 09-15-2015 and he had excellent benefits with greater than 50% pain relief in his right low back and leg, with increased energy, increased ease of doing ADLs, and decreased use of Norco. He has a normal gait. Lumbar range of motion is restricted, and there is tenderness over the para-lumbar extensors, facet joints, S1 joint, gluteus medius, and greater trochanter. Lower extremities in the L3-S1 there is right sensory deficits to light touch at the right foot. Straight leg raise and Piriformis stretch are positive on the right. Ibuprofen was dispensed with this visit and the injured worker will try to avoid the usage of Norco all together if at all possible at this point. He is to continue with his home exercises. He is work restricted. Treatment to date has included diagnostic studies, medications, physical therapy, right piriformis cortisone injection, chiropractic sessions, and home exercises. Current medications include Norco and Naproxen. Magnetic Resonance Imaging of the lumbar spine done on 01-21-2015 revealed multilevel mild to moderate areas of foraminal stenosis. An electrodiagnostic study done on 08-20-2015 revealed evidence of ulnar sensory mononeuropathy, and evidence of sensorimotor median mononeuropathy, characterized by demyelination at left wrist, consistent with mild to moderate carpal tunnel syndrome of the left wrist. The Request for Authorization dated 10-01-2015 includes epidural at right L4 TFESI (transforaminal epidural steroid injection) for lumbar. On 10-15-2015 Utilization Review non-certified the request for Repeat epidural at right L4 TFESI (transforaminal epidural steroid injection) for lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat epidural at right L4 TFESI (transforaminal epidural steroid injection) for lumbar: 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: This worker received a right L4 transforaminal epidural injection on 9/15/2015. He had greater than 50% pain relief and had decreased use of Norco. The request for repeat injection is dated 10/1/2015. According to the MTUS, "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." This request is dated only 2 weeks after the initial injection which is not an adequate interval based on these guidelines, to determine the necessity of a repeat injection. The request is not medically necessary.