MAXIMUS Federal Services

Case Number:	CM15-0209301		
Date Assigned:	10/28/2015	Date of Injury:	07/18/2000
Decision Date:	12/09/2015	UR Denial Date:	09/24/2015
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: 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 was a 43-year-old male, who sustained an industrial injury, July 18, 2000. The injured worker was undergoing treatment for lumbago, low back pain, lumbosacral neuritis, postlaminectomy syndrome of the lumbar spine and encounter of long-term prescription use. According to progress note of September 14, 2015, the injured worker's chief complaint was low back pain. The pain was rated at 6 out of 10 with pain medications and 8 out of 10 without. The injured worker was able to perform activities of daily living. The physical exam noted pain with leaning forward. There was pain with palpation at midline. There was paraspinal lumbar tenderness with palpation. There was pain with extension and lateral bending. There was tenderness to facet joint on the left side. The injured worker previously received the following treatments urine drug screening on September 14, 2015, found inconsistent findings of Alprazolam and Soma were not present on the toxicology report; current mediations were Oxycodone 30mg, Soma 350 mg every 6 hours as needed and Xanax (Alprazolam) 1 tablet 2 times daily and epidural steroid inject which helped in the past according to the progress note of March 16, 2015. The RFA (request for authorization) dated the following treatments were requested a L4 transforaminal S1 epidural injection. The UR (utilization review board) denied certification on September 24, 2015; for a L4 transforaminal epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5 transforaminal lumbar epidural 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 has a remote history of a work injury in July 2000 and is being treated for chronic pain including a diagnosis of post-laminectomy syndrome. In March 2015, a diagnostic epidural steroid injection had been requested by his surgeon to determine if further surgery would be considered. A prior epidural steroid injection is referenced as providing significant pain relief lasting for 5-6 months. When seen, he was having low back pain radiating into the lower extremities to the knees bilaterally. Pain was rated at 6-8/10. Physical examination findings included pain with spinal range of motion and with palpation. There was no focal neurological abnormality. Authorization for a lumbar epidural steroid injection was requested. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that supports a diagnosis of radiculopathy. There are no reported radicular symptoms in a dermatomal distribution that would correlate with the level being requested. An epidural steroid injection is not considered medically necessary.