

Case Number:	CM15-0209486		
Date Assigned:	10/28/2015	Date of Injury:	01/24/2010
Decision Date:	12/09/2015	UR Denial Date:	10/05/2015
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: California

Certification(s)/Specialty: Emergency Medicine

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 44 year old female, who sustained an industrial-work injury on 1-24-10. A review of the medical records indicates that the injured worker is undergoing treatment for lumbosacral spondylosis, lumbar degenerative disc disease (DDD), sacroiliitis, and sciatic nerve lesion. Treatment to date has included pain medication, Norco, Lyrica, Cymbalta, Neurontin, Omeprazole, sacroiliac joint injection February 2014, piriformis injection of the hip August 2014, physical therapy, home exercise program (HEP) and other modalities. Magnetic resonance imaging (MRI) of the lumbar spine dated 9-21-15 reveals mild to moderate spinal canal stenosis L4-5 with foraminal narrowing bilaterally. Per the treating physician report dated 9-24-15 the work status is modified. Medical records dated 9-24-15 indicate that the injured worker is for follow up appointment regarding right sided low back pain that radiates to the right lower extremity (RLE) with numbness and tingling. The physician indicates that the pain is rated 7 out of 10 on the pain scale and has been unchanged. There is no change in location of the pain or change in characteristics of the pain. The activities of daily living (ADL) have remained the same. She is not involved in any form of exercise and she states that she takes the medications and that they reduce the pain with no side effects. She also states that the quality of life has remained the same. The physician indicates that previous epidural steroid injection (ESI) increased her pain. She also recently underwent right sided blocks that gave her about a week of good relief. The physical exam reveals that the injured worker ambulates without a device; there is bilateral lumbar tenderness and sacroiliac tenderness on the right. There is pain with lumbar flexion and extension and right hip pain. The lumbar facet loading test is positive on the right

and internal rotation with flexion of the hip resulted in deep buttock pain which reproduced the usual pain. The right hip internal and external range of motion is limited due to pain. The physician indicates that after reviewing the lumbar Magnetic Resonance Imaging (MRI) he would like to proceed with Lumbar Transforaminal epidural Injection L5 right. The request for authorization date was 9-28-15 and requested service included Lumbar Transforaminal epidural Injection L5 right. The original Utilization review dated 10-5-15 non-certified the request for Lumbar Transforaminal epidural Injection L5 right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Transforaminal epidural Injection L5 right: 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 requested Lumbar Transforaminal epidural Injection L5 right, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials; and note in regard to repeat injections: "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." The injured worker has right sided low back pain that radiates to the right lower extremity (RLE) with numbness and tingling. The physician indicates that the pain is rated 7 out of 10 on the pain scale and has been unchanged. There is no change in location of the pain or change in characteristics of the pain. The activities of daily living (ADL) have remained the same. She is not involved in any form of exercise and she states that she takes the medications and that they reduce the pain with no side effects. She also states that the quality of life has remained the same. The physician indicates that previous epidural steroid injection (ESI) increased her pain. She also recently underwent right sided blocks that gave her about a week of good relief. The physical exam reveals that the injured worker ambulates without a device; there is bilateral lumbar tenderness and sacroiliac tenderness on the right. There is pain with lumbar flexion and extension and right hip pain. The lumbar facet loading test is positive on the right and internal rotation with flexion of the hip resulted in deep buttock pain which reproduced the usual pain. The right hip internal and external range of motion is limited due to pain. The treating physician did not document the percentage of relief from the previous epidural injection, nor documented derived functional improvement including medication reduction from the previous epidural injection. The criteria noted above not having been met, Lumbar Transforaminal epidural Injection L5 right is not medically necessary.