

Case Number:	CM15-0209911		
Date Assigned:	10/28/2015	Date of Injury:	12/01/1999
Decision Date:	12/09/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/26/2015

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: 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 56 year old male, who sustained an industrial injury on 12-1-99. The injured worker was diagnosed as having lumbalgia, post laminectomy syndrome of the lumbar region and myalgia. Subjective findings (5-28-15, 6-9-15, 7-7-15, 8-4-15 and 9-1-15) indicated 5-8 out of 10 pain in the back. The injured worker reported about 75% improvement in pain with medications. Objective findings (5-28-15, 6-9-15, 7-7-15, 8-4-15 and 9-1-15) revealed decreased light touch sensation in the L5 dermatome and tenderness to palpation over the L4-L5 and L5-S1 facet capsules. As of the PR2 dated 9-9-15, the injured worker reports 7 out of 10 pain in his back. He describes the pain as aching, constant, sharp, stabbing and throbbing. Objective findings include a positive straight leg raise test on the left at 45 degrees, decreased light touch sensation in the L5 dermatome and tenderness to palpation over the L4-L5 and L5-S1 facet capsules. Treatment to date has included a right sacroiliac joint injection on 6-26-15, Soma, Percocet and Butrans patch. The Utilization Review dated 10-7-15, non-certified the request for a left L4-L5 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 transforaminal epidural steroid injection x1: 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: MTUS Chronic Pain Medical Treatment Guidelines recommend nerve root block as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any myotomal/dermatomal neurological deficits or remarkable correlating diagnostics to support the nerve injections with previous history of lumbar fusion. There is no report of acute new injury, flare-up, or red-flag conditions to support for pain procedure. Criteria for the epidurals have not been met or established. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted for this 1999 injured worker s/p lumbar fusion. The Left L4-L5 transforaminal epidural steroid injection x1 is not medically necessary or appropriate.