

Case Number:	CM15-0020161		
Date Assigned:	02/09/2015	Date of Injury:	12/27/2000
Decision Date:	04/06/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/03/2015

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, Washington

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 is a 61-year-old male who reported an injury on 12/27/2000. The mechanism of injury was a fall. An MRI of the lumbar spine on 07/21/2010 revealed disc bulging from L3-S1 with significant protrusions at L3-4 and L5-S1. At the L5-S1 level, there was a 7 mm left paracentral disc herniation abutting and laterally displacing the proximal S1 nerve root. His past treatments were noted to include physical therapy, chiropractic treatment, medications, activity modification, epidural steroid injections, massage, and psychiatric treatment. His most recent epidural steroid injection was noted to be performed on 04/21/2014 at bilateral L5-S1. On 01/06/2015, the injured worker presented for follow-up with complaints of low back pain with radicular symptoms to the bilateral legs and feet. It was noted that he requested medication management but did not want to proceed with any injections. He rated his pain 9/10 without medications and 4/10 with medications. It was also noted that he reported 60% pain relief from a prior injection and another procedure was discussed due to his returning pain. His medications were noted to include Valium, Norco, gabapentin, and Flexeril. His physical examination revealed positive straight leg raises bilaterally, 1/4 deep tendon reflexes bilaterally, normal motor strength, and decreased sensation to the left lateral thigh. His diagnoses include chronic pain syndrome, thoracic/lumbosacral neuritis/radiculitis, lumbar intervertebral disc degeneration, sacroiliitis, and lumbar radiculopathy. The treatment plan included continued conservative treatment with heat, ice, rest, stretching, and exercise as tolerated. It was also recommended that he continue with chronic pain medication maintenance regimen and authorization was requested

for bilateral L5-S1 transforaminal epidural steroid injection due to the previous injection on 04/21/2014 providing greater than 60% pain relief lasting until the time of that visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral transforaminal epidural steroid injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: According to the California MTUS Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain to be used in conjunction with other active therapies when there is clear correlation of radiculopathy based on physical examination and diagnostic testing. Repeat injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for at least 6 to 8 weeks. The clinical information submitted for review indicated that the injured worker did report radiating symptoms into the bilateral lower extremities. He also had neurological deficits on physical examination and significant pathology on MRI related to the L5-S1 level. The injured worker reported 60% pain relief from his most recent epidural steroid injection for approximately 8 months. However, there was no documentation showing that he had functional improvement or reduction of medication use for at least 6 to 8 weeks after the previous injection. Also, the guidelines state epidural steroid injections should be given with fluoroscopic guidance and the request as submitted did not indicate the fluoroscopy would be used. For these reasons, the request is not medically necessary.