

Case Number:	CM15-0023048		
Date Assigned:	02/12/2015	Date of Injury:	08/19/2007
Decision Date:	04/02/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/06/2015

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 58 year old female, who sustained an industrial injury on August 19, 2007. She has reported chronic low back pain, status post lumbar surgery, and lower extremity radiculopathy. The diagnoses have included chronic low back pain, lumbar post-laminectomy syndrome, thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included lumbar surgery, medications, radiological imaging, and epidural steroid injection. Currently, the IW complains of low back pain with radiation into the left leg, associated numbness tingling, weakness, and foot drop. The records indicate she is a candidate for spinal cord stimulation trial. Physical findings indicate she has range of motion of the lumbar spine of left lateral flexion 10 degrees, right lateral flexion 10 degrees, flexion 25 degrees, and extension 10 degrees. She is noted to have decreased sensation of the left leg. The records indicate a magnetic resonance imaging of the lumbar spine on February 18, 2013, reveals loss of disc height, and diffuse bulging. The records indicate she received an epidural steroid injection to L3-4 and L4-5 on January 15, 2014, which provided 25 percent pain reduction for a six month time period. On February 2, 2015, Utilization Review non-certified repeat left L3-4 and L4-5 transforaminal epidural steroid injection. The MTUS, Chronic Pain Medical Treatment guidelines were cited. On February 10, 2015, the injured worker submitted an application for IMR for review of repeat left L3-4 and L4-5 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat left L3 4 and L4 5 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: This patient presents with significant low back pain and left lower extremity numbness, tingling, weakness and foot drop. The current request is for REPEAT LEFT L3-4 AND L4-5 TRANSFORAMINAL STERIOD INJECTION. The patient had an epidural injection on 1/15/14. The treating physician states that this injection helped in decreasing some degree of pain, lasting 4 to 5 weeks. The patient is asking for another injection. The MTUS Guidelines has the following regarding ESI under its chronic pain section page 46 and 47, "recommended as an option for treatment for radicular pain defined as pain in the dermatomal distribution with corroborated findings of radiculopathy." In this case, there is no discussion of functional improvement and documentation of pain relief was documented as minimal and only lasted 4-5 weeks. The MTUS guidelines only allow repeat injections with documentation of functional improvement and at least 50% pain relief of 6 to 8 weeks. The required documentation has not been provided to allow for a repeat injection. The requested epidural steroid injection IS NOT medically necessary.