

Case Number:	CM15-0028276		
Date Assigned:	02/20/2015	Date of Injury:	06/30/1999
Decision Date:	04/20/2015	UR Denial Date:	01/31/2015
Priority:	Standard	Application Received:	02/13/2015

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 35 year old male, who sustained an industrial injury on June 30, 1999. He reported low back pain. The injured worker was diagnosed as having status post right lumbar 5-sacral 1 laminectomy/discectomy, chronic low back pain and lumbar and sacral disc protrusions. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar and sacral spines, physical therapy, chiropractic care, steroid epidural injections, pain medications and work restrictions. Currently, the injured worker complains of severe groin pain, persistent low back pain radiating to the right buttock and lower extremity with associated tingling and numbness. The injured worker reported an industrial injury in 1999, resulting in the above noted pain and associated symptoms. He has been treated conservatively and surgically without resolution of the pain. He reported a significant decrease in pain with a past epidural steroid injection lasting for three months. Evaluation on January 19, 2015, revealed continued pain. It was noted he had good results following the spinal surgery until he was involved in a car accident in 2010. The pain then returned and he was treated with physical therapy and chiropractic care as well as pain medications, steroid injections and work restrictions. Pain medications were renewed and additional steroid epidural injections were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 Translaminar Lumbar Epidural Steroid Injection with Fluoroscopy: Upheld

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

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

Decision rationale: The patient was injured on 06/30/99 and presents with back pain which radiates to his right buttock, posterior thigh and calf down to his foot. The request is for a RIGHT L4-5 TRANSLAMINAR LUMBAR ESI. The RFA is dated 01/26/14 and the patient is at maximal medical improvement. The patient had a prior ESI in July 2014, which resulted in 80% relief of his symptoms, which last for over 3 months (levels of this prior ESI not indicated). MTUS Chronic Pain Treatment Guidelines, section on Epidural steroid injections (ESIs) page 46 states these are Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The MTUS Criteria for the use of Epidural steroid injections states: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. And 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 The patient is diagnosed with chronic low back pain, status post right lumbar 5-sacral 1 laminectomy/discectomy, and lumbar and sacral disc protrusions. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar and sacral spines, physical therapy, chiropractic care, steroid epidural injections, pain medications and work restrictions. The patient had a prior ESI of the lumbar spine in July of 2014; however, there is no indication of what level this ESI was done at. It is unknown if the patient had a prior ESI at the L4-5 level. Furthermore, there are no MRI findings provided at the L4-5 level. The requested right L4-5 translaminar lumbar ESI IS NOT medically necessary.