

Case Number:	CM15-0029800		
Date Assigned:	02/23/2015	Date of Injury:	08/09/2001
Decision Date:	04/02/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/18/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 39 year old female, who sustained a work/ industrial injury on 8/9/01. She has reported symptoms of low back pain. The diagnoses have included low back pain, degeneration of lumbosacral intervertebral disc, chronic pain syndrome, and lumbosacral radiculitis. The Treatments to date included medications, physical therapy and conservative measures. Medications included Norco, ibuprofen, oxycodone, valium, and Zoloft. The treating physician's report (PR-2) from 1/2/15 indicated the injured worker complained of right low back pain. She states that the oxycodone really helps to control the chronic pain. The pain is in the bilateral lower back that radiates to the right buttock and right lower extremity. The pain is described as aching and burning pain and she rates it 3/10 on pain scale. There was joint pain and back pain noted. There was numbness noted in the bilateral extremities (heels) and stiffness of lower back. It is aggravated by activity, motion and weather changes and alleviated by physical therapy, heat, medication, position change and rest. She is wearing lumbosacral brace when up and active. Physical exam revealed positive lumbosacral pain and tenderness without frank myospasm. She states that she feel approximately 75 percent back to normal since last visit on 13/23/14 as the lower extremity radicular pain has decreased. The Toradol intramuscular was very effective. There were no recent diagnostic studies noted and no physical therapy sessions documented. On 2/5/15 Utilization Review non-certified a request for Bilateral L4-L5 transforaminal epidural steroid injection, noting the (MTUS) Medical Treatment Utilization Schedule and (ACOEM) Occupational Medicine Practice Guidelines Chronic pain Epidural steroid injections (ESIs) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, bilateral L4-L5 transforaminal epidural steroid injections are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); etc. See the guidelines for details. In this case, the injured worker's working diagnoses are degeneration lumbosacral intervertebral disc; and lumbosacral radiculitis. The neurologic documentation from the medical record dated December 23, 2014 does not contain objective evidence of radiculopathy. The guideline criteria state radiculopathy must be documented by physical examination and corroborated by imaging studies and electrodiagnostic testing. There is no objective evidence of radiculopathy in the medical record. Consequently, absent clinical documentation with objective evidence of radiculopathy on physical examination, bilateral L4- L5 transforaminal epidural steroid injections are not medically necessary.