MAXIMUS Federal Services

Case Number:	CM15-0214427		
Date Assigned:	11/04/2015	Date of Injury:	09/26/2014
Decision Date:	12/15/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	10/30/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 43 year old male, who sustained an industrial injury on 9-26-2014. The injured worker is being treated for chronic low back pain, lumbar discogenic pain, lumbar facet joint pain, chronic pain syndrome and myofascial pain. Treatment to date has included diagnostics, medications, physical therapy, cortisone injection (2-02-2015), home exercises, heat and ice application, and work restrictions. Per the Primary Treating Physician's Progress Report dated 10-19-2015, the injured worker presented for reevaluation regarding low back and left leg pain. The low back pain radiates to the left hip, lateral thigh and down to the lateral foot. He has numbness in the same distribution. He is taking Gabapentin and Flexeril at night which helps for numbness, burning pain and leg cramps and allows him to sleep better. He cannot take it during the day, though as he feels sleepy. He stopped taking Norco because it made him sleepy. He doesn't have anything to control the pain during the day. He uses heat and ice regularly. He has an EMG (electromyography) scheduled. Objective findings included tenderness and spasm over the lumbar paraspinals left greater than right. There is pain with lumbar flexion. Objective findings do not document evidence of radiculopathy or neurologic deficit. Work status was modified. The plan of care included, and authorization was requested on 10-21-2015, for Ultram, Prilosec, Anaprox and left L5 and S1 transforaminal epidural steroid injections (TFESI) with moderate sedation and fluoroscopic guidance. On 10-30-2015, Utilization Review non- certified the request for left TFESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5 and S1 TFESI (transforaminal epidural steroid injection) with moderate sedation and fluoroscopic guidance: Overturned

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: CA MTUS guidelines state that epidural steroid injections are an option for the treatment of radicular pain with guidelines recommending no more than 2 epidural steroid injections to for diagnostic purposes. Criteria for ESI includes radiculopathy documented by physical examination and corroborated by imaging and documentation of trial of conservative therapies including NSAIDs, physical therapy, exercise. Repeat epidural blocks should be used only when a 50 % reduction in pain accompanied by reduced medication usage for 6-8 weeks. In this case, there is excellent documentation by physical, physical examination and corroborating testing (MRI, PNCV) of radiculopathy which has not responded to conservative care. Epidural steroid injection with sedation is medically indicated.