

Case Number:	CM15-0219521		
Date Assigned:	11/12/2015	Date of Injury:	01/03/2009
Decision Date:	12/30/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/09/2015

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: Emergency 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 60 year old female injured worker suffered an industrial injury on 1-3-2009. The diagnoses included cervical fusion, lumbar fusion, chronic pain syndrome, carpal tunnel syndrome, lumbago, thoracic or lumbosacral neuritis or radiculitis and cervicalgia. On 9-21-2015, the provider reported diffuse body pain and continued to be restricted in all activities of daily living. She used a cane for mobility. She had tingling and numbness widespread throughout the upper and lower extremities with weakness. On exam, the cervical spine range of motion was limited due to pain. The thoracic spine was tender. The lumbar spine was tender and range of motion was limited due to pain. The straight leg raise was positive. There was global weakness in the major muscle groups of all extremities. Deep tendon reflexes did not show response in any of the extremities. The provider noted due to the EMG results and "high grade report of low back pain radiating into the left leg" the epidural steroid injection was requested. Diagnostics included EMG 9-16-2015 of the lower extremities revealed bilateral S1 radiculopathy. Utilization Review on 10-13-2015 determined non-certification for Left S1 Transforaminal Epidural Steroid Injection under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left S1 Transforaminal Epidural Steroid Injection under fluoroscopic guidance: Upheld

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: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may be recommended if it meets criteria. 1) Goal of ESI: ESI has no long-term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for LESI. There is no documentation of any recent conservative therapy. There is no long-term plan. Fails criteria. 2) Unresponsive to conservative treatment. There is no appropriate documentation of prior conservative therapy attempts. It is unclear what recent therapy has been attempted. Fails criteria. 3) Patient had a reported LESI in the past. MTUS guidelines recommend during therapeutic phase that after 1st injection, pain relief of over 50% should last for up to 6-8 weeks. There is some documentation of prior ESI but it is unclear if this was done pre or post lumbar surgery. Fails criteria. Patient fails multiple criteria for lumbar epidural steroid injection. Lumbar epidural steroid injection is not medically necessary.