

Case Number:	CM15-0226034		
Date Assigned:	11/24/2015	Date of Injury:	04/22/2014
Decision Date:	12/31/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/17/2015

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 56 year old male, who sustained an industrial-work injury on 4-22-14. The injured worker was diagnosed as having sciatica, L5-S1 herniated nucleus pulposus, post trauma response, shoulder pain, degeneration of lumbar intervertebral discs, impingement sign, fracture of lumbar spine. Treatment to date has included medication, inpatient rehabilitation, and psychotherapy. Currently, the injured worker complains of same bilateral posterior leg pain and numbness, right leg numbness is posterior calf to toes, left leg numbness is down posterior thigh to calf to foot, feels leg weakness especially after prolonged standing. There is also left flank pain that wraps around to anterior ribs and is worse with reaching. Per the primary physician's progress report (PR-2) on 10-12-15, exam noted ability to perform heel-toe walk, normal gait, moderate tenderness to lumbar spine, pain with motion, normal motor strength, diminished reflexes to left planter right ankle, decreased sensation to the lateral leg and dorsum of the foot, and positive straight leg raise bilaterally. Current plan of care includes continue home exercise program (HEP) and translaminar epidural steroid injection. The Request for Authorization requested service to include Left L5-S1 translaminar epidural steroid injection. The Utilization Review on 10-23-15 denied the request for Left L5-S1 translaminar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 translaminar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injections (ESIs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, left L5-S1 translaminar epidural steroid injection is 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); 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 6 to 8 weeks etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response etc. See the guidelines for details. In this case, the injured worker's working diagnoses are sciatica L5-S1 HNP; status post multiple VCF, heal; numbness; right shoulder pain; and left scapular pain. Date of injury is April 22, 2014. Request for authorization is October 20, 2015. According to a September 18, 2015, QME, the injured worker had a lumbar epidural steroid injection that provided 25% pain relief as of March 16, 2015. The duration of pain relief is not document. There is no documentation demonstrating objective functional improvement from the prior lumbar ESI. According to an October 12, 2015 progress note, the injured worker's symptoms are unchanged. Complaints include bilateral posterior leg pain and numbness with weakness. Objectively, there is tenderness of the lumbar spine, moderate. There is positive straight leg raising. There is decreased sensation in the lateral leg and dorsum of the foot (L5). Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of objective functional improvement from the prior epidural steroid injection performed February 24, 2015 and no duration of pain relief from the prior lumbar epidural steroid injection, left L5-S1 translaminar epidural steroid injection is not medically necessary.