

Case Number:	CM15-0033034		
Date Assigned:	02/26/2015	Date of Injury:	06/19/2008
Decision Date:	04/10/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/23/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 42-year-old female who sustained an industrial injury on 06/19/2008. Diagnoses include cervical strain, right wrist strain, lumbar disc injury, right sacroiliac arthralgia and myofascitis. Treatment to date has included medications, cervical epidural injections, radio frequency ablation, physical therapy and massages. A physician progress note dated 01/12/2015 documents the injured worker has neck and low back pain referring into the right hip. She received an epidural injection to the cervical spine on 01/09/2015 and noted significant decreased pain from 6 out of 10 to 1 out of 10. She was able to taper her medications, however she continues to use for her low back pain. She continues to experience constant lateral thigh pain that refers into the heel and is rated 6 out of 10 in severities. There is moderated pain noted over the right L5-S1 and right sacroiliac joint regions. Range of motion is complete in all directions with moderate pain upon extension and right rotation. There is slight pain upon right lateral flexion and forward flexion. Treatment requested is for Lumbar TESI under Fluoroscopic Guidance Right L5-S1. On 02/11/2015 Utilization Review non-certified the request for Lumbar TESI under Fluoroscopic Guidance Right L5-S1 and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines, ACOEM Guidelines, and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar TESI Under Fluoroscopic Guidance Right L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short-term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. She was treated with conservative therapy without full control of the patient pain. Documentation does not contain objective findings on exam to support the presence of radiculopathy. According to the progress report dated January 12, 2015 the patient's sensation and motor strength were noted to be intact and she had negative straight leg raise. There is no documentation that the patient has a sustained pain relief from a previous use of lumbar steroid epidural injections. There is no documentation of significant functional improvement and reduction in pain medications use. Furthermore, MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). MTUS guidelines, recommended repeat epidural injection is considered only if there is at least 50% pain improvement after the first injection for at least 6 to 8 weeks. The patient did not fulfill criteria. Therefore, the request for Lumbar TESI Under Fluoroscopic Guidance Right L5-S1 is not medically necessary.