

Case Number:	CM15-0037240		
Date Assigned:	03/05/2015	Date of Injury:	04/15/1995
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/27/2015

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: Maryland, District of Columbia
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 58 year old male, who sustained an industrial injury on April 15, 1995. He has reported chronic low back pain, neck pain, right arm pain and knee pain. The diagnoses have included failed fusion at the lumbar 3-lumbar 4 level, fractured intervertebral femoral ring graft, non-union at the lumbar 3 through lumbar 4 level and chronic pain, post-fusion syndrome, lower back pain, lumbar radiculitis, cervical radiculitis, carpal tunnel syndrome and right hand pain. Treatment to date has included radiographic imaging, diagnostic studies, lumbar surgical intervention, knee arthroscopy, conservative therapies, trigger point injections, medications and work restrictions. Currently, the IW complains of chronic low back pain, neck pain, right arm pain and knee pain. The injured worker reported an industrial injury in 1995, resulting in the above noted pain. He has been treated conservatively and surgically without resolution of the chronic pain. Evaluation on January 13, 2015, revealed continued pain. Trigger point injections were administered. Evaluation on February 9, 2015, revealed continued pain. Another lumbar surgical procedure was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral left transforminal epidural steroid injection at L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46.

Decision rationale: The employee was a 58 year old male who had a history of L3 through S1 posterior and anterior lumbar fusion for back pain due to a work related injury. He was diagnosed with a failed fusion at L3-4 level secondary to a fractured intervertebral femoral ring graft confirming a nonunion at the L3-4 level. His complaints were low back pain without bowel or bladder complaints. He was taking Norco as needed every 6 hours. Pertinent examination findings included well healed surgical scar in lumbar spine, trigger points identified in the right greater than left paralumbar region with palpable spasms across the back and decreased range of motion of the spine. He had decreased sensation of the anterior thighs bilaterally. His diagnoses included status post lumbar fusion, postfusion syndrome, lower back pain, L3-4 nonunion and lumbar radiculitis. The plan of care included Norco, Cymbalta, trigger point injections, bilateral L3-4 transforaminal injections given his nonunion at that level and flare-up of his pain. According to MTUS, Chronic Pain Medical treatment guidelines, ESI is recommended for lumbar radiculopathy that is unresponsive to conservative treatment and must be documented by physical examination and corroborated by imaging studies and/or EDS. The employee had no mention of radiculopathy pain and had no electrodiagnostic studies or imaging studies available. Hence, the medical necessity for transforaminal ESI is not met.