

Case Number:	CM15-0043745		
Date Assigned:	03/13/2015	Date of Injury:	06/06/2001
Decision Date:	04/23/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/09/2015

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: Physical Medicine & Rehabilitation

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 61-year-old male, who sustained an industrial injury on 6/6/2001. The mechanism of injury and initial complaints was not provided for review. Diagnoses include lumbar disc degeneration. Treatments to date include epidural steroid injections, TENs unit (transcutaneous nerve stimulation), home exercises and medication. A progress note from the treating provider dated 2/3/2015 indicates the injured worker reported low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Lumbar transforaminal epidural steroid injection under fluoroscopic guidance:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: This patient presents with low back pain. The physician is requesting a LEFT LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTION UNDER

FLUOROSCOPIC GUIDANCE. The RFA dated 02/05/2015 shows a request for transforaminal lumbar ESI bilateral L5 under fluoroscopic guidance and conscious sedation at [REDACTED]. The patient's date of injury is from 06/06/2001 and he is currently on modified duty. The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. MTUS also states: "There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." The 02/03/2015 progress report shows that the patient received an epidural steroid injection in the past, date unknown, which provided 50% pain relief for a year. He continues to complain of low back pain and left periscapular pain. Straight leg raise is positive bilaterally. There is tenderness in the lumbar paraspinals. Pain upon flexion and extension in the lumbar spine. The physician references in an MRI of the lumbar spine, date unknown, which showed: 1. Disk spaces exhibit normal vertical height and display normal contours posteriorly where the interface with the thecal sac at L 1-2 and L2 - 3. 2. At L3-4 there is minimal disc height reduction and loss of signal intensity indicating desiccation in chronic degeneration. There is mild circumferential bulging. 3. At L4 - 5 the disc spaces exhibit normal vertical height and display normal contours posteriorly where the interface with the thecal sac. 4. At L5 - S1 there is bilateral facet arthropathy producing mild lateral recess narrowing. He has had bilateral lower extremity EMG/NCS done which showed chronic bilateral L4 and L5 radiculitis. The MRI and EMG/NCS reports were not made available for review. In this case, while the patient's past epidural steroid injection produced 50% pain relief for a year, the patient does not report any radiating pain to the lower extremities. Furthermore, the imaging study does not corroborate the exam findings. The request IS NOT medically necessary.