MAXIMUS Federal Services

Case Number:	CM15-0054578		
Date Assigned:	03/30/2015	Date of Injury:	03/31/2011
Decision Date:	05/12/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/23/2015

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 York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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 60-year-old male, who sustained an industrial injury on March 31, 2011. The injured worker was diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, sciatica, lumbago, type II diabetes mellitus, Hepatitis C carrier, unspecified essential hypertension, lumbar strain, and spasm of muscle. Treatment to date has included left knee arthroscopic surgery, cortisone injections, home exercise program, physical therapy, and medication. Currently, the injured worker complains of chronic lower back pain that can increase to a shooting pain that is a tingling sensation radiating into the bilateral legs. The Treating Physician's report dated February 19, 2015, noted the injured worker reported increased lower back pain rated an 8/10 on the visual analog scale (VAS), with minimal or temporary pain relief from physical therapy and home exercises. The injured worker was noted to have been in the hospital for the previous two months due to a severe fall, with a previously authorized bilateral L5-S1 transforaminal epidural steroid injection (ESI) unable to be administered before the authorization expired. The injured worker was noted to have a mildly antalgic gait, ambulating with either a cane or a crutch. Physical examination was noted to show lumbar flexion limited due to moderate low back pain, and extension limited due to facet loading pain. Straight leg raise was noted to be positive bilaterally, with exquisite tenderness of the thoracolumbar fascia, and persistent paresthesias in the bilateral L5 dermatomes. The treatment plan was noted to include a request for authorization for bilateral L5-S1 transforaminal epidural steroid injection (ESI) with a two-week follow up, and refills of Naproxen, Cyclobenzaprine, Pantoprazole, and topical anti-inflammatory cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 35.

Decision rationale: Per the guidelines, epidural spine injections are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than two injections. Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. Though the physical exam does suggest radicular pathology, the worker does not meet the criteria, as there is not clear evidence in the records that the worker has failed conservative treatment with exercises, physical methods, NSAIDS and muscle relaxants. The epidural injection is not medically necessary.