

Case Number:	CM15-0058544		
Date Assigned:	04/03/2015	Date of Injury:	03/06/2014
Decision Date:	05/04/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/27/2015

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: 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 48-year-old female, who sustained an industrial injury on 03/06/2014. The initial complaints or symptoms included low back pain/strain. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies, injections, MRIs, electro diagnostic testing, and lumbar surgery. Currently, the injured worker complains of constant back pain, and leg pain when active. The injured worker reported that physical therapy had increased her pain, and that the previous epidural steroid injection had lasted only 2 weeks. The diagnoses include L4-L5 facet arthropathy, left-sided foraminal stenosis and moderate central canal stenosis, and bilateral L4-L5 and L5-S1 radiculopathy. The treatment plan consisted of bilateral lumbar transforaminal epidural steroid injection at L5-S1 under fluoroscopy, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Transforaminal Epidural Steroid injection at the levels of L5-S1 under fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steroid injections, page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electro diagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. Criteria for repeating the epidurals have not been met or established. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the repeat epidural injection with previous injection only providing 2 weeks' relief. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. Although the provider reported improvement post previous injections, the patient continues with unchanged symptom severity, unchanged clinical findings without specific decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this chronic injury. Criteria for repeating the epidurals have not been met or established. The Bilateral Lumbar Transforaminal Epidural Steroid injection at the levels of L5-S1 under fluoroscopy is not medically necessary and appropriate.