MAXIMUS Federal Services

Case Number:	CM15-0062493		
Date Assigned:	04/10/2015	Date of Injury:	11/30/2004
Decision Date:	05/12/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/02/2015

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 61 year old male who sustained an industrial injury on 11/30/2004. He reported pain in his low back going into both lower extremities. The injured worker was diagnosed as having a low back injury for which he had a lumbar fusion with surgical intervention upon the extension at L1-L2, L2-L3, and L3-L4. Treatment to date has included oral pain medications, physical therapy and transforaminal epidural steroid injections at Left L5-S1 under fluoroscopic guidance. Currently, the injured worker complains of low back and radicular pain that he feels is getting significantly worse. The plan of care is to honor the worker's request to undergo a lumbar epidural injection and afford him an opportunity to further decrease the amount of Norco and MS contin he takes on a daily basis. It was discussed with the worker that he will need to increase participation in the home exercise program. A repeat lumbar transforaminal epidural steroid injection at right L5-S1 under fluoroscopic guidance, as an outpatient is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat lumbar transforaminal epidural steroid injection at right L5-S1 under fluoroscopic guidance, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Low Back- Lumbar & Thoracic (Acute & Chronic) (updated 07/03/2014).

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

Decision rationale: The injured worker sustained a work related injury on 11/30/2004. The medical records provided indicate the diagnosis of low back injury for which he had a lumbar fusion with surgical intervention upon the extension at L1-L2, L2-L3, and L3-L4. Treatment to date has included oral pain medications, physical therapy and transforaminal epidural steroid injections at Left L5-S1 under fluoroscopic guidance.The medical records provided for review do not indicate a medical necessity for Repeat lumbar transforaminal epidural steroid injection at right L5-S1 under fluoroscopic guidance, as an outpatient.The MTUS recommends Epidural steroid injections (ESIs) as an option for treatment of radicular pain with corroborative findings of radiculopathy. The criteria for epidural steroid injection include a documentation of radiculopathy by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; failed conservative treatment that includes physical methods, NSAIDs and muscle relaxants; repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight week.Although the records indicate the injured worker has radiculopathy on physical examination, more than 70% pain that lasted more than 3 months following similar treatment in the past, there is no corroborative evidence of radiculopathy from MRI or electrodiagnostic studies. The request is not medically necessary.