

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0086721 | | |
| Date Assigned: | 05/08/2015 | Date of Injury: | 01/24/2013 |
| Decision Date: | 06/12/2015 | UR Denial Date: | 04/29/2015 |
| Priority: | Standard | Application Received: | 05/05/2015 |

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 33 year old male who sustained an industrial injury on January 24, 2013. He reported an injury to his low back and his right lower extremity. Previous treatment includes home exercise program, MRI of the lumbar spine, physical therapy, and epidural steroid injections. Previous epidural steroid injections are reported to have provided 20-30% relief for two weeks and the injured worker concluded that the previous injection had not been helpful. Currently the injured worker complains of right low back pain with radiation of pain to the right lower extremity. The injured worker reported that his symptoms had remained mostly unchanged. He was using Percocet 10/325 mg and doing some stretching. On examination, the injured worker had numbness in the right dorsal foot and calf with associated weakness. The right low back pain is aggravated by 20% flexion and extension. Diagnoses associated with the request include chronic low back pain and right lower extremity pain. The treatment plan includes EMG/NCV, transforaminal epidural steroid injection and myofascial therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5 and S1 transforaminal epidural injection x 1: 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 Steroid injections, page 46.

Decision rationale: Report noted unchanged ongoing chronic low back complaints with exam findings of limited range and provocative testing; otherwise without specific neurological myotomal or dermatomal deficits from diffuse symptoms. The provider noted the patient had ESI with 20-30% relief for 2 weeks with requests for repeat ESI. 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 Electrodiagnostic testing. Although the patient has radicular symptoms; however, the clinical findings was without specific myotomal and dermatomal neurological deficits and to repeat a LESI in the therapeutic phase; 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 weeks. The patient received a recent LESI that provided 4 weeks of pain relief without any change in medication dosing or profile nor was there any increased function or improved ADLs documented. Submitted reports noted unchanged symptom severity, unchanged clinical findings without decreased in medication profile or treatment utilization or functional improvement described in terms of increased work status or activities of daily living. Criteria to repeat the LESI have not been met or established. The Right L5 and S1 transforaminal epidural injection x 1 is not medically necessary and appropriate.