

Case Number:	CM15-0089686		
Date Assigned:	05/14/2015	Date of Injury:	08/16/2012
Decision Date:	06/15/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/11/2015

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 26 year old male who sustained an industrial injury on August 16, 2012. He reported an injury to his back and had an initial diagnosis of back sprain. Previous treatment includes transforaminal epidural steroid injection, MRI/x-rays of the spine, physical therapy, back support, heat/ice therapy, chiropractic therapy, medications, modified work duties and acupuncture. A medical evaluation on November 3, 2014 revealed the injured worker reported decreased pain in his back. He underwent a lumbar epidural steroid injection on October 22, 2014 and reported that his pain was relieved about 50% and he was able to walk and sit for longer periods of time. He had 7-8 sessions of chiropractic and physical therapy and in combination with an epidural steroid injection on June 11, 2014 he was given about 60% pain relief for two months. He reports a decrease in pain when lying down and an increase in pain when standing, sitting, walking or exercising. His pain is mostly on the right side and travels into the right leg. He rates the pain a 4-5 on a 10-point scale. On examination, his lumbar spine range of motion is limited and his straight leg raise test is positive for the lower back. Diagnoses associated with the request include lumbar disc displacement without myelopathy, thoracic/lumbosacral neuritis or radiculitis and lumbago. The treatment plan includes Voltaren ER, Prilosec, and L4-5 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural 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 repeating the epidural injections. Although the provider reported 60% improvement post previous injections, the patient continues with unchanged symptom severity, unchanged clinical findings without 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 without evidence of functional improvement from previous LESI. Criteria for repeating the epidurals have not been met or established. The Right L4-L5 Epidural Steroid Injection is not medically necessary and appropriate.