MAXIMUS Federal Services

Case Number:	CM14-0125480		
Date Assigned:	08/13/2014	Date of Injury:	12/12/2013
Decision Date:	10/10/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52 year old male who had a work related injury on 12/12/13. The injury occurred while he was in the field, he works as a field scientist, he slipped on snow/ice at a job site and fell to the ground. He reported pain was lessening and then it reversed and is presenting in worsening especially the radicular pain. It was noted that he had an antalgic gait and is favoring his left lower extremity. He has L5-S1 hyperesthesia, toe and heel stand are intact. The injured worker had surgery on 06/12/14 which was a left L5-S1 decompression and microdiscectomy. The most recent documentation submitted for review is dated 07/16/14. The injured worker is in for follow up of his back and leg symptoms. His pain was lessening and it was noted that the only thing that improved compared to pre-op visit was his numbness. His pain complaints are left caudal lumbar and left leg radicular, most of now to the knee, occasionally to the foot. He also has a sense of imbalance that recently caused a fall around July 4th. The injured worker also immediately had some chronic pain and disability related situations of depression and has mentioned to his wife, lack of intent but even consideration of suicidal ideation. He is utilizing Norco and Valium in diminishing amounts. Physical examination wound to be healed satisfactory. He has antalgic. He is favoring the left lower extremity. He does have left L5-S1 hypoesthesia. Toe and heel stand are intact. Recurrent and recently somewhat increasing left leg radicular symptoms, 5 weeks status post L5-S1 microdiscectomy, cannot rule out recurrent HNP. Chronic pain related situation with depression. Prior utilization review dated 07/31/14 was non-certified. Current request is for a lumbar left L5-S1 transforaminal epidural steroid injection. There has been no updated imaging, electrodiagnostic studies submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar left L5-S1 TFESI: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The physical exam lacked compelling objective data to substantiate a radicular pathology. Per CAMTUS a radiculopathy must be documented and objective findings on examination need to be present. Additionally, Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. There were no official imaging reports submitted for review. 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 documentation indicated the caudal epidural steroid injection performed on 07/12/13 provided 30% reduction in pain relief for approximately one month. As such, the request cannot be recommended as medically necessary.