

Case Number:	CM14-0217301		
Date Assigned:	01/07/2015	Date of Injury:	10/09/2013
Decision Date:	02/28/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 35 year old male was injured on 10/09/2013 while being employed. On physician's progress report dated 11/06/2014 he complained of low back pain. He has had prior epidural injections on 01/31/2014, 12 sessions of physical therapy, 24 sessions of chiropractic therapy and 13 session of acupuncture. His medications were noted as Norco, Gabapentin, Asacol, Sleep Aid OTC, Omeprazole, and Flexeril. On physical exam he was noted to have a normal gait pattern, hypertonicity in the paraspinals L2-L5 and tenderness to touch in paraspinals L2-L4 and a decreased range of motion at the lumbar spine. Treatment plan included stop Gabapentin secondary to headaches, continue physical therapy, Norco, dispense cyclobenzaprine cream, Fenoprofen, right L4-L5 transforaminal epidural for radiculopathy. His diagnoses were lumbar radiculopathy, lumbar facet arthropathy, lumbar myofascial strain and lumbago. Documentation states that the injured worker had undergone a MRI of the Lumbar spine however; no documentation was submitted for this review. He was noted to be working modified duty. The injured worker underwent transforaminal epidural injection on right L4 and Right L5 on 11/21/2014. The Utilization Review dated 12/10/2014 non-certified the request for repeat transforaminal epidural injection on the right side at L4- L5 and pain management follow up as not being medically necessary. The reviewing physician referred to CA MTUS Guidelines, Chronic Pain Medical Treatment Guidelines for recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Transforaminal Epidural Injection on The Right at L4 and L5: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for chronic low back pain with occasional right lower extremity radiating symptoms. He underwent right L4 and L5 transforaminal epidural injections on 01/31/14. When seen for follow-up on 08/04/14, the injection and January is referenced as providing a greater than 50% decrease in leg symptoms. He was seen on 12/15/14. He had undergone another epidural injection on 11/21/14 and was no longer having radiating right leg pain. Medications were providing 50% pain relief. Medications included Norco, gabapentin, and Relafen. He was not having any medication side effects. Guidelines recommend that, when in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Injections should be performed using fluoroscopy. In this case, the requested epidural injection with fluoroscopy is within applicable guidelines and therefore medically necessary.

Pain Management Follow-Up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for chronic low back pain with occasional right lower extremity radiating symptoms. He underwent right L4 and L5 transforaminal epidural injections on 01/31/14. When seen for follow-up on 08/04/14, the injection and January is referenced as providing a greater than 50% decrease in leg symptoms. He was seen on 12/15/14. He had undergone another epidural injection on 11/21/14 and was no longer having radiating right leg pain. Medications were providing 50% pain relief. Medications included Norco, gabapentin, and Relafen. He was not having any medication side effects. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has chronic radiating low back pain without identified new injury or change in either symptoms or physical examination findings. The reason for the follow-up consultation is not described. Therefore, the requested follow up consultation with pain management is not medically necessary.

