

Case Number:	CM15-0007597		
Date Assigned:	01/23/2015	Date of Injury:	12/05/2011
Decision Date:	03/24/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/13/2015

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, Washington

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:

The injured worker is a 36-year-old male who reported an injury on 12/05/2011. The mechanism of injury was a slip and fall. An MRI of the lumbar spine in 05/2012 was noted to reveal a large disc herniation at L5-S1. Electrodiagnostic testing on 12/04/2013 was noted to reveal radiculopathy at L4-5. His past treatments were noted to include physical therapy, chiropractic treatment, acupuncture, lumbar spine surgery, psychotherapy, medications, activity modification, home exercise, and epidural steroid injections. It was noted that a third epidural steroid injection was performed on 12/18/2013, which resulted in improvement in leg symptoms. An updated MRI on 12/30/2013 revealed postoperative changes at L5-S1 and a mild unchanged central protrusion at L4-5 without impingement. At his follow-up visit on 12/16/2014, the injured worker complained of lower back pain with radiating symptoms down the right leg into the right foot. His physical examination revealed pain, tenderness, and swelling, as well as decreased range of motion in all planes of the lumbar spine. The orthopedic consultation note dated 10/27/2014 was reviewed at the time of this visit. This consultation had addressed the injured worker's radiating symptoms and a recommendation had been made for diagnostic transforaminal epidural steroid injection bilaterally at L5-S1. The treatment plan included this recommended injection. However, a specific rationale was not included in the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection (TFESI) bilaterally L5-S1 with post injection follow up: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections as an option for radicular pain to be used in conjunction with other active therapies when there is clear correlation of radiculopathy based on physical examination and diagnostic testing. Repeat injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The clinical information submitted for review indicated that the injured worker has low back pain with radiating symptoms. However, the 12/16/2014 clinical note failed to show any evidence of neurological deficits on physical examination to suggest radiculopathy. Additionally, while it was noted that the injured worker reported improvement in his radiating symptoms after his most recent epidural steroid injection, details regarding this improvement were not provided. There was no documentation indicating that he had at least 50% pain relief for 6 to 8 weeks or functional improvement and decreased medication use after the injection. In the absence of this documentation and neurological deficits on physical examination suggestive of radiculopathy from L5-S1, the request for epidural steroid injection and post-injection follow-up is not support. As such, the request is not medically necessary.