MAXIMUS Federal Services

Case Number:	CM15-0008144		
Date Assigned:	01/23/2015	Date of Injury:	12/28/2007
Decision Date:	03/19/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/14/2015

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: Maryland, District of Columbia
Certification(s)/Specialty: Internal Medicine

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 male, who sustained an industrial injury on 12/28/2007. On provider visit dated 12/04/2014, the injured worker has reported persistent low back pain, left lower extremity pain and weakness in right lower extremity. The diagnoses have included failed back surgery syndrome of the lumbar spine, lumbar sacral pain with worsening bilateral radicular pain, explanted spinal cord stimulation system, long acting and short acting opiate unsatisfactory relief and constipation controlled. Treatment plan included urinalysis, medication, consider transformational epidural steroid injection bilaterally, continued exercise s tolerated and follow up. On 12/19/2014 Utilization Review non-certified Transformational ESI bilaterally at L4-5 and L5-S1. The CA MTUS, Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal ESI bilaterally at L4-5 and L5-S1: Overturned

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

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

Decision rationale: The employee was being treated for low back pain with radicular pain to his extremities. He had a history of back surgeries twice in past. The note from 12/4/14 was reviewed. His pain radiated down to both lower extremities. He had right lower extremity weakness with plantar and dorsi flexion strength at 4/5 and decreased sensation to right lower extremity. He had positve bilateral SLR. His diagnoses included failed back syndrome and radicular pain. The request was for bilateral transforaminal ESI at L4-5 and L5-S1. An MRI from 2008 showed moderate spinal canal narrowing and bilateral neural foraminal narrowing at L5-S1 and neural foraminal narrowing at L4-5.According to MTUS, Chronic Pain Medical Treatment guidelines, epidural steroid injections are recommended as an option for radicular pain in the setting of radiculopathy documented by physical examination and corroborated by imaging and/or EDS, unresponsive to conservative treatment and no more than two nerve root levels to be injected using transforaminal blocks and no more than one interlaminar level at one session. The employee had low back pain with lower extremity radicular pain bilaterally. He had dermatomal sensory loss and motor deficits with corresponding neural foraminal narrowing in MRI of lumbar spine. He had failed conservative care and had post laminectomy pain syndrome. The request for bilateral ESIs at L4-5 and L5-S1 is medically necessary and appropriate.