

Case Number:	CM15-0108417		
Date Assigned:	06/15/2015	Date of Injury:	02/04/2003
Decision Date:	07/21/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/05/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 62 year old male, who sustained an industrial injury on 2/04/2003. Diagnoses include post laminectomy syndrome lumbar region, lumbago, thoracic/lumbosacral neuritis/radiculitis unspecified and sacroiliitis unspecified. Treatment to date has included surgical intervention (L3-S1 fusion and L3-4 interbody fusion with cage and instrumentation), diagnostics, medications including Zanaflex, Nucynta, Lyrica, Cialis, Cymbalta, Baclofen and Ambien and a spinal cord stimulator trial. Per the Primary Treating Physician's Progress Report dated 3/03/2015, the injured worker reported no major changes to his low back and left leg pain since the last evaluation dated 1/06/2015. He rates his average pain since the last visit as 8/10. Physical examination revealed left greater than right leg pain to the foot with radiculopathy. Here are decreased reflexes and he uses a cane to ambulate. There was decreased range of motion in the lumbar region and a positive straight leg raise test noted on the left. The plan of care included continuation of medications and an injection and authorization was requested for one left transforaminal epidural steroid injection at l4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left transforaminal epidural steroid injection at the levels of L4-L5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 309.

Decision rationale: According to CA MTUS Guidelines, epidural steroid injections (ESI) are optional for radicular pain to avoid surgery. It may offer short-term benefit; however there is no significant long-term benefit or reduction in the need for surgery. The medical records do not indicate that the patient is a candidate for surgery; the request is for one left transforaminal ESI at L4-L5 and L5-S1. In this case there is also a lack of documentation of radiculopathy corroborated by imaging studies. There is also a lack of documentation that the procedure was to be performed under fluroscopic guidance. Therefore, the request is deemed not medically necessary.