

Case Number:	CM15-0014528		
Date Assigned:	02/02/2015	Date of Injury:	04/30/2009
Decision Date:	03/24/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/26/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old male, who sustained an industrial injury on April 3, 2009. He has reported lumbar spine pain and a tender lump on the right hand near the thumb since lumbar 4 through sacral 1 transforaminal injection. The diagnoses have included lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome and right sacroiliac arthropathy. Treatment to date has included radiographic imaging, diagnostic studies, steroid injections, conservative therapies, pain medications and work modifications. Currently, the IW complains of lumbar spine pain and a tender lump on the right hand near the thumb, L4-S1 transforaminal injection. The injured worker reported an industrial injury in 2009, resulting in chronic pain as previously described. On September 18, 2014, evaluation revealed a 50-60% decrease in reported pain status post epidural injection. Evaluation on October 18, 2014, revealed continued pain. He was noted to have stomach upset with the use of ibuprofen. On December 29, 2014, Utilization Review non-certified a request for Bilateral L4-L5 & L5-S1 Transforaminal Epidural Steroid Injection, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 26, 2015, the injured worker submitted an application for IMR for review of requested Bilateral L4-L5 & L5-S1 Transforaminal Epidural Steroid Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 & L5-S1 Transforaminal Epidural Steroid Injection: 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 (ESIs), page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support repeating the epidural injections. Although the provider reported 50-60% improvement post previous injections, the patient continues with unchanged symptom severity, unchanged clinical findings without decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this chronic injury without evidence of functional improvement from report of 9/18/14. Criteria for repeating the epidurals have not been met or established. The Bilateral L4-L5 & L5-S1 Transforaminal Epidural Steroid Injection is not medically necessary and appropriate.