

Case Number:	CM15-0113020		
Date Assigned:	06/19/2015	Date of Injury:	11/23/2004
Decision Date:	07/20/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/11/2015

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 41 year old male who sustained an industrial injury on 11/223/04. Initial complaints and diagnoses are not available. Treatments to date include medications, injections L4-S1 lumbar facet radiofrequency ablation and a L4-S1 facet joint medial branch block. Diagnostic studies are not addressed. Current complaints include bilateral low back pain. Current diagnoses include L5-S1 disc herniation effacing left S1 nerve root, left S1 radiculopathy, L4-S1 facet joint pain and facet joints arthropathy, chronic bilateral low back pain, lumbar disc protrusion at L4-S1, lumbar stenosis and degenerative disc disease. In a progress note dated 05/13/15 the treating provider reports the plan of care as a fluoroscopically guided left L5-S1 epidural steroid injection with S1 selective nerve root block, and medication including Tramadol, Medrol dose pack, and ibuprofen. The requested treatments include a fluoroscopically guided left L5-S1 epidural steroid injection with S1 selective nerve root block.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Fluoroscopically guided left L5-S1 transforaminal epidural steroid injection with S1 selective nerve root block: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, 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 Electro diagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. Criteria for the epidurals have not been met or established as the patient continues to treat for chronic pain without functional benefit from previous injections in terms of decreased pharmacological formulation, increased ADLs and decreased medical utilization. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified unstable pathological lesion noted. The 1 Fluoroscopically guided left L5-S1 transforaminal epidural steroid injection with S1 selective nerve root block is not medically necessary and appropriate.