

Case Number:	CM15-0115479		
Date Assigned:	06/23/2015	Date of Injury:	10/17/2008
Decision Date:	07/23/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/16/2015

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: Emergency 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 53 year old male who sustained an industrial injury on October 17, 2008. He has reported low back pain and has been diagnosed with lumbar radiculopathy, lumbar degenerative disc disease, lumbar herniated nucleus pulposus, and lumbar facet arthropathy. Treatment has included medications, chiropractic care, acupuncture, physical therapy, aqua therapy, and injections. There was tenderness to palpation of the thoracic spine, lumbar midline, and bilateral paraspinals. Range of motion of the thoracic spine and lumbar spine were limited due to pain, 5 degrees in every plane, except less than 5 degrees lumbar extension. Facet loading was positive, causes back pain radiating down the right lower extremity to the foot. The treatment request included bilateral L5-S1 Trans foraminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 TFESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SNRIs, Epidural steroid injection, Muscle relaxants, NSAIDS GI symptoms & cardiovascular risk, Opioids, Topical Analgesics Page(s): 15, 46, 64, 68, 75, 78, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

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

Decision rationale: The requested bilateral L5-S1 TFESI is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials; and note in regard to repeat injections: "In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." The injured worker has tenderness to palpation of the thoracic spine, lumbar midline, and bilateral paraspinals. Range of motion of the thoracic spine and lumbar spine were limited due to pain, 5 degrees in every plane, except less than 5 degrees lumbar extension. Facet loading was positive, causes back pain radiating down the right lower extremity to the foot. The treating physician did not document the percentage of relief from the previous epidural injection, nor documented derived functional improvement including medication reduction from the previous epidural injection, nor current exam evidence of radiculopathy. The criteria noted above not having been met, bilateral L5-S1 TFESI is not medically necessary.