

Case Number:	CM15-0120567		
Date Assigned:	07/01/2015	Date of Injury:	12/05/2011
Decision Date:	07/30/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 36-year-old male, who sustained an industrial injury on 12/05/2011. Diagnoses include lumbar radiculopathy, lumbar myofascial strain, lumbar facet arthropathy and chronic pain status post lumbar microdiscectomy. Treatment to date has included surgical intervention (micro lumbar decompressive surgery 1/2013), medications including Lexapro, Gabapentin, Norco, Aleve, Relafen, Cymbalta, Neurontin and Klonopin, acupuncture (8 sessions), physical therapy (12 sessions), chiropractic care (4 sessions), massage therapy, transforaminal epidural steroid injection at bilateral L5 (3/12/2015), injection (12/2013), and activity modification. Per the Primary Treating Physician's Progress Report dated 5/20/2015, the injured worker reported low back and bilateral leg complaints. He reports that symptoms are relatively unchanged since the last exam. He does report spasm in the lower back and into his bilateral lower extremities into feet and increased pain in the left side of his back. Physical examination revealed tenderness to palpation and hypertonicity in the paraspinal musculature bilateral L3-S1. There was worsening limitation of bilateral lumbar extension secondary to pain. The plan of care included medications, consultations and injections. Authorization was requested on 5/20/2015 for bilateral 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:

One (1) bilateral L5-S1 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic) Epidural steroid injections (ESIs), therapeutic.

Decision rationale: The claimant sustained a work-related injury in December 2011 and continues to be treated for low back pain and bilateral lower extremity symptoms. A lumbar epidural steroid injection was performed on 03/12/15. When seen 5 weeks later, there was lumbar spine tenderness with decreased range of motion. There was decreased lower extremity sensation and left sciatic notch tenderness. Guidelines recommend that, in the therapeutic phase, repeat injections 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. In this case, the degree and duration of any pain relief following the previous injection done less than 6 weeks before is not documented. In the diagnostic phase, a maximum of two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block. A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In this case, the claimant's response to the first injection is not documented and none of the other criteria are met. The requested second epidural steroid injection was not medically necessary for this reason as well.