

Case Number:	CM15-0122969		
Date Assigned:	07/07/2015	Date of Injury:	09/20/2012
Decision Date:	07/31/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/25/2015

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 35-year-old female, who sustained an industrial injury on 9/20/12. She reported back pain. The injured worker was diagnosed as having chronic lumbosacral strain, status post left microdiscectomy at L5-S1, and multilevel degenerative lumbar disc disease at L5-S1 with diffuse disc bulging. Treatment to date has included physical therapy, a caudal epidural block on 12/22/14, and medication including Flexeril and Tramadol. A MRI obtained on 5/7/15 revealed impingement on the left L5 and S1 nerve roots by a 5mm left lateral disc and osteophyte. Currently, the injured worker complains of low back pain and sciatica on the right side. The treating physician requested authorization for a left transforaminal epidural injection at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural injection at L5-S1 (left): 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: The patient is s/p L5-S1 microdiscectomy surgery in September 2013 and has underwent recent Caudal epidural injections on 12/22/14 without functional benefit. Recent MRI of the lumbar spine on 5/7/15 show 5 mm left lateral disc osteophyte complex impinging on left L5, S1 nerve root; however, recent functional EMG/NCS on 5/26/15 had normal findings. Although the patient had remarkable MRI findings, there are no identified correlating clinical exam findings of such. 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. Post previous injections, the patient continues with unchanged symptom severity, unchanged 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 of 2012 without evidence of functional improvement from previous LESI. Criteria for repeating the epidurals have not been met or established. The Transforaminal epidural injection at L5-S1 (left) is not medically necessary.