

Case Number:	CM15-0124453		
Date Assigned:	07/09/2015	Date of Injury:	07/17/2013
Decision Date:	08/13/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/29/2015

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, 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 (IW) is a 36-year-old male who sustained an industrial injury on 07/17/2013. The worker was injured at a construction site when another worker fell from the first floor to the unprotected basement floor below, hitting the worker on his left side. The injured worker was diagnosed as having lumbago, low back pain and facet arthropathy, cervical, thoracic or lumbar. Treatment to date has included chiropractic care, physical therapy, cervical medial branch blocks, and lumbar medial branch blocks. Currently, the injured worker complains of low back and neck pain with the pain in the low back being the worst. He had exacerbation of the pain that improved after a visit to the ER where he received an injection of Morphine. Pain is now radiating down the legs, more on the left in an S1 distribution. His back pain is located in the lumbar-sacral spine, bilaterally in the lower back, and in midline of the lower back area. His pain at the visit of 06/09/2015 was rated a 7 on a scale of 1-10 with medication and a 9 on a scale of 1-10 without medication. On exam, he has tenderness over the cervical spine with decreased range of motion in all planes. Examination of the lower extremities was benign. He had tenderness at the lumbar spine, tenderness at the facet joints, and decreased range of motion in all planes. The treatment plan was to refer the worker for a S1 lumbar epidural steroid injection, transforaminal on the left side. Recommend acupuncture, aquatherapy, a CT scan of the brain and a referral to a neurologist. His current medications include Hydrocodone-acetaminophen, Nabumetone; and Orphenadrine. A request for authorization is made for the following: Left S1 TFESI (transforaminal epidural steroid injection).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left S1 TFESI (transforaminal epidural steroid injection): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural steroid injections (ESIs), therapeutic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs
Page(s): 46-47.

Decision rationale: Regarding the request for S1 lumbar epidural steroid injection/selective nerve root block, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, after failure of conservative treatment. Guidelines recommend that no more than one interlaminar level or two transforaminal levels should be injected in one session. Within the documentation available for review, there is a MRI of the lumbar spine on 10/19/2013 revealing S1 level right foraminal disc protrusion causing mass effect. However, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. Furthermore, there are no electro diagnostic study's findings of radiculopathy in an EMG study performed on 4/13/15. Given this, the currently requested S1 epidural steroid injection is not medically necessary.