

Case Number:	CM15-0175771		
Date Assigned:	09/17/2015	Date of Injury:	06/08/2012
Decision Date:	10/28/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/08/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old female, who sustained an industrial injury on June 8, 2012. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having thoracic disc degeneration, thoracic radiculopathy, lumbar disc degeneration, chronic pain other, lumbar radiculopathy, left ankle pain, right shoulder pain and T12 compression fracture. Treatment to date has included diagnostic studies, physical therapy, acupuncture, chiropractic treatment, Transcutaneous Electrical Nerve Stimulation (TENS) unit, medication, exercise and injection. Her TENS unit was noted to provide 70% ability to attend church, brush her teeth, get dressed, walk and wash dishes. A transforaminal epidural injection at L5-S1 was noted to provide 20-50% pain relief along with functional improvement for a period of three days. Chiropractic treatment, acupuncture and physical therapy were noted to decrease the pain "mildly." In re-evaluation notes dated July 13, 2015, she reported her current medication regimen to provide a 60% improvement with functional activity. On July 8, 2015, the injured worker complained of constant, throbbing lumbar pain with radiation to the right lower extremity. The pain was rated a 6-9 on a 1-10 pain scale. The pain was noted to increase to a 9 on the pain scale with walking. Physical examination of the lumbar spine revealed tenderness to palpation. The injured worker was noted to have no functional change since a prior exam visit. The treatment plan included lumbar epidural steroid injection, Norco and Prilosec. On August 20, 2015, utilization review denied a request for lumbar epidural steroid injection #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The claimant was injured in 2012 with thoracic disc degeneration, thoracic radiculopathy, lumbar disc degeneration, chronic pain, lumbar radiculopathy, left ankle pain, right shoulder pain and a T12 compression fracture. Treatment to date included diagnostic studies, physical therapy, acupuncture, chiropractic treatment, Transcutaneous Electrical Nerve Stimulation (TENS) unit, medication, exercise and injection. A transforaminal epidural injection at L5-S1 gave just 20-50% pain relief along with functional improvement for a period of three days only. The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. Further, the criterion for repeat ESI is at least 6-8 weeks of pain and improvement in function for 6-8 weeks following injection, and the outcomes from previous ESI do not meet this criterion. Further, the levels are not provided. The request appears appropriately non-certified based on the above. Therefore, the requested treatment is not medically necessary.