

Case Number:	CM15-0042538		
Date Assigned:	03/12/2015	Date of Injury:	09/24/2012
Decision Date:	04/22/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/06/2015

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 53-year-old male, who sustained an industrial injury on 9/24/2012. He reports twisting his back while loading and entering a patrol car. Diagnoses include status post lumbar discectomy (prior to injury), lumbar disc displacement, lumbosacral neuritis, lumbar radiculopathy and lumbar facet syndrome. Treatments to date include magnetic resonance imaging, physical therapy, and acupuncture and medication management. Currently, a progress note from the treating provider dated 1/20/2015 indicates the injured worker reported lumbar spine pain that radiated to the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 and left L5-S1 transforaminal ESI times one (1): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Transcutaneous electrotherapy, drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI

Page(s): 46-47.

Decision rationale: The most recent report provided is dated 01/20/15 and states that the patient presents with lumbar spine pain from the center to left side radiating to the left leg with numbness and tingling sensation from the left leg to the bottom of the foot s/p lumbar discectomy in 1999. The current request is for LEFT L4-L5 AND LEFT L5-S1 TRANSFORAMINAL ESI TIMES ONE, 1. The RFA included is dated 01/20/15 and requests injections x 2. The 02/09/15 utilization review modified this request from 2 sets to 1 set of injections. This current request is apparently for the difference between the 1 certified and the 2 requested. The patient is Temporarily Totally Disabled. MTUS pages 46 and 47 states that Epidural Steroid Injections are recommended as an option for the treatment of radicular pain with corroborative findings for radiculopathy. MTUS further states that for diagnostic purposes a maximum of two injections should be performed. For the therapeutic phase, repeat blocks should be based on continued documented pain and functional improvement. The treating physician states this request is because the patient has failed conservative therapy and the goal is to reduce pain and inflammation, restore range of motion, facilitate active treatment and avoid surgery. Examination on 01/20/15 reveals mild to moderate tenderness of the paravertebral muscles with positive Kemp's test bilaterally with decreased sensation at the left L3 to S1 dermatomes. The 12/18/14 MRI lumbar conclusion includes: 4 mm midline disc protrusion at L4-5 and L3-4 and at L5-S1 a 3 mm disc protrusion all of which result in abutment of descending nerve roots bilaterally. There is no evidence of a prior ESI lumbar. In this case, the patient has radicular symptoms and radiculopathy is supported by objective findings and corroborated by imaging study. The treating physician's rationale for this request shows that it is for therapeutic treatment and the MTUS guidelines state repeat blocks should be based on documented pain and functional improvement. As it appears this request is for the second of 2 requested injections, the request IS NOT medically necessary lacking documentation of the results of the first injection.