

Case Number:	CM15-0062817		
Date Assigned:	04/08/2015	Date of Injury:	10/22/2008
Decision Date:	05/13/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/02/2015

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 46 year old female, who sustained an industrial injury on 10/22/2008, while employed at a bakery. She reported a back injury while pulling out a large rack from an oven. The injured worker was diagnosed as having failed lumbar back surgery syndrome, lumbar stenosis, history of lumbar laminectomy, lumbar radiculopathy, and lumbar discogenic spine pain. Treatment to date has included lumbar spinal surgery in 2011 and 2012, lumbar transforaminal left sided epidural steroid injection in 11/19/2014 (noting 2 weeks of relief), physical therapy, home exercise program, and medications. Currently, the injured worker complains of back pain, with radiation into the left buttock and thigh, with notation that a soft brace seems to help. Her pain was rated 8/10. Her body mass index was 40.6% (3/24/2015). Her gait was antalgic, exam of the lumbar spine showed scoliosis, motor strength was 5/5 in the lower extremities, and reflexes were normal. The PR2 report, dated 2/17/2015, noted ongoing low back pain with radiation to the left lower extremity, with current pain rating 6-8/10. Her body mass index was documented at 36.52%. Exam revealed decreased strength and sensation in the right lower extremity. Current medications included Percocet, Gabapentin, Diazepam, Omeprazole, Tramadol, and Cymbalta. The treatment plan included an appeal for lumbar transforaminal L4, L5, S1 (left x2) injections (anesthesia/x-rays/fluoroscopic guidance).

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Left Lumbar Transforaminal Epidural Steroid Injections at the L4-L5 and L5-S1 Levels Under Anesthesia/X-Rays and Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46.

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

Decision rationale: The patient presents with low back pain that radiates to the left lower extremity. The physician is requesting Two Left Lumbar Transforaminal Epidural Steroid Injections At The Left L4- L5 And L5 - S1 Levels Under Anesthesia/X-Rays And Fluoroscopic Guidance. The RFA not made available for review. The patient's date of injury is from 10/22/2008 and her current work status was not made available. The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. Repeat block should be based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The operative report dated 11/19/2014 shows that the patient received a transforaminal epidural steroid injection at the L4, L5, and S1 levels. The MRI was not made available for review. The 01/16/2015 progress report shows that the patient continues to have ongoing low back pain radiating into the left extremity. The patient states that she received 35-40% improvement of pain in the low back after her lumbar epidural steroid injection in November 2014, lasting approximately two weeks. The 02/17/2015 progress report shows a positive straight leg raise test. The patient has an antalgic gait. There is decreased right lower extremity strength and sensation. In this case, the patient's previous epidural steroid injection and did not result in at least 50% relief for 6 to 8 weeks. The request Is Not medically necessary.