

Case Number:	CM15-0077759		
Date Assigned:	04/29/2015	Date of Injury:	10/26/2010
Decision Date:	05/28/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/23/2015

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 61 year old male who sustained an industrial injury on 10/26/10. The diagnoses have included lumbar disc displacement, chronic pain, and lumbar radiculopathy, right wrist strain and right plantaris tear. Treatment to date has included medications, lumbar epidural steroid injection (ESI), diagnostics and home exercise program (HEP). The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. The current medications included Hydrocodone and Zolpidem. Currently, as per the physician progress note dated 3/9/15, the injured worker complains of low back pain that radiates to the bilateral lower extremities associated with numbness and tingling and bladder dysfunction with difficult urination. The pain was rated 6/10 with medications and 8/10 without medications which was unchanged from previous visit. He reports that the medications do not relieve the pain and that the pain has worsened. He reports ongoing limitations with activities of daily living (ADL). Physical exam revealed lumbar tenderness, limited range of motion due to pain, decreased sensation in the bilateral extremities, and positive straight leg raise in seated position bilaterally. Work status was with restrictions. The urine drug screen dated 1/12/15 was consistent with medications prescribed. The physician requested treatment included Bilateral L5-S1 transforaminal epidural.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 transforaminal epidural: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steroid injections, page 46.

Decision rationale: 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. Although the patient has radicular symptoms with clinical findings of such, to repeat a LESI in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Submitted reports are unclear with level of pain relief and duration of benefit. Submitted reports have not demonstrated any functional improvement derived from the LESI as the patient has unchanged symptom severity, unchanged clinical findings without decreased in medication profile or treatment utilization or functional improvement described in terms of increased work status or activities of daily living. Criteria to repeat the LESI have not been met or established. The Bilateral L5-S1 transforaminal epidural is not medically necessary and appropriate.