

Case Number:	CM15-0079282		
Date Assigned:	04/30/2015	Date of Injury:	05/18/1992
Decision Date:	06/25/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/24/2015

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: Emergency 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 63 year old female, who sustained an industrial injury on 5/18/1992. The current diagnoses are left lumbar panplexopathy, left lower extremity weakness and numbness, lumbar radiculopathy, left greater than right, status post lumbar decompression and fusion, and chronic opioid medication management. According to the progress report dated 3/5/2015, the injured worker complains of low back pain with radiation into the right buttocks and down the left leg. She experiences burning and weakness in the left leg, and she has almost fallen on two occasions. She has difficulty with balance secondary to the left leg. The level of pain is not rated. The physical examination reveals tenderness over the L5-S1, weakness in the left great toe extensor, a different sensation along the left lower leg, and positive straight leg raise test on the left. The current medications are Percocet and Zanaflex. Treatment to date has included medication management, rest, activity modification, heat, ice, MRI studies, physical therapy, home exercise program, epidural steroid injection (approximately three years ago), and surgical intervention. The plan of care includes bilateral L5-S1 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral (lumbosacral) L5-S1 Transforaminal Epidural Steroid Injection, Qty 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 -9792.26 Page(s): 46 of 127.

Decision rationale: The patient sustained an injury in May of 1992. Diagnoses include lumbar radiculopathy, status post lumbar decompression, fusion, and chronic opioid medication management. The patient has been treated with epidural steroid injections, physical therapy, and medications. She continues to have ongoing discomfort. The request is for additional epidural steroid injections. The MTUS guidelines state that a second injection is not recommended if there is inadequate response to the first. Repeat blocks should be based on continued documented objective reduction in pain of at least 50% as well as functional improvement. There is insufficient documentation which meet this criteria.