

Case Number:	CM15-0093220		
Date Assigned:	05/19/2015	Date of Injury:	07/23/2004
Decision Date:	06/19/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58-year-old male patient who sustained an industrial injury on 07/23/2004. A primary treating office visit dated 10/17/2014 reported the patient with subjective complaint of lower back pain. There is also complaint of intermittent radicular symptom into the bilateral lower extremity, left worse. Of note, a permanent radiofrequency ablation authorization is still pending at this time. Regarding medications, he utilizes Ambien for intermittent insomnia, Ketamine cream for lower back pain, Norflex for muscle spasms, Capsaicin, Norco and Glucosamine. He denies any side effects and states that he needs the medication in order to perform activities of daily living as his pain is decreased by 50%. The following diagnoses are applied: lumbar disc displacement without myelopathy; degeneration lumbar lumbosacral disc, and chronic pain. The plan of care involved: collected urine drug screen, continue with medication management, increased Norco to be taken twice daily, and follow up visit. A more recent primary treating visit dated 01/12/2015 reported continued complaint of chronic low back pain. He has had lumbar epidural steroid injections, lumbar facet injections and radiofrequency facet injection. The patient is currently working. He reports having had a flare up around thanksgiving time and that the pain has increased since. He states the medications are not helping much during this flare up. There is a surgical history of cervical fusion 01/25/199, bilateral RFA facet nerve 01/09/2008, 01/21/2009, and 09/07/2010. Objective findings showed the lumbar spine with tenderness to palpation at the lumbosacral junction left sided more. He also exhibits 4 trigger point areas of tenderness on the left side with fasciculation's and muscle tension. The lumbar spine range of motion is decreased by 40% with flexion, 30% with

extension and 30% with bilateral rotation. There is no change in the treating diagnoses. Medications were prescribed and trigger point injections administered this visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left transforaminal LESI at L2-L3 and L3-L4, lumbar epidurogram, contrast dye, IV sedation, fluoro guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p 46 Page(s): 46.

Decision rationale: The claimant sustained a work-related injury in July 2004 and continues to be treated for low back pain with intermittent lower extremity radiating symptoms. When seen, he was having left lower extremity symptoms with numbness and tingling to the foot. Pain was rated at 6-7/10. Left lower extremity strength and sensation were decreased. Straight leg raising was negative. The requesting provider documents that previous lumbar epidural steroid injections were done without benefit. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, previous epidural steroid injections have been ineffective. A repeat epidural steroid injection is not medically necessary.