

Case Number:	CM15-0095791		
Date Assigned:	05/26/2015	Date of Injury:	04/09/2012
Decision Date:	06/26/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/18/2015

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 59-year-old female, who sustained an industrial/work injury on 4/9/12. She reported initial complaints of back pain. The injured worker was diagnosed as having L3-4 annular tear, ankle sprain, left non-displaced tibial plateau fracture, left knee medial compartment degenerative joint disease, depression, s/p left knee arthroscopy, medial meniscectomy, grade IV chondromalacia. Treatment to date has included medication, Transforaminal epidural steroid injection (TESI) on 12/6/13 and 4/17/15 MRI results were reported on 5/29/12 revealed mild degenerative disease with no central canal stenosis or neuroforaminal narrowing with annular tear at L3-4 disc posteriorly. X-Rays results were reported on 4/11/12 of the lumbar spine note small anterior osteophytes at L1-2, L2-3, and L3-4 with mild space narrowing at L2-3 and L3-4. Currently, the injured worker complains of lower back pain that radiates down the buttocks and down the left lower extremity rated 6/10. Per the primary physician's progress report (PR-2) on 4/27/15, examination revealed normal gait and normal heel-toe swing without limp, no weakness, no gross atrophy of the paravertebral muscles. There is palpable tenderness centrally in the lower lumbar spine and in the lumbar paravertebral muscles. Left hip flexion and extensor hallucis longus is 4+/5. Current plan of care included repeat epidural steroid injection, repeat MRI, toxicology testing and follow up care. The requested treatments include epidural steroid injection at L3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at L3-4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back- Lumbar & Thoracic (Acute & Chronic) (updated 04/29/2015).

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

Decision rationale: Per the 04/27/15 report the patient presents with lower back pain radiating down the buttocks and the left lower extremity s/p ESI Lumbar 04/17/15. The current request is for epidural steroid injection at L3-L4 per the 04/27/15 RFA and 04/27/15 report. The patient is Temporarily Totally Disabled until 06/08/15. 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. Criteria for the use of Epidural steroid injections include the following: "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, with a general recommendation of no more than 4 blocks per region per year." The requesting physician states on 04/27/15 that the patient underwent an approved ESI, 04/17/15, which provided 80% relief for 2 days, which has gradually returned to baseline. The treater recommends a repeat ESI at L3-L4 be authorized in an attempt to relieve her symptoms and avoid surgical intervention. The MTUS guidelines require documentation of at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, the patient received 80% pain relief; however, a repeat injection is requested after only ten days. The request is not medically necessary.