

Case Number:	CM15-0097332		
Date Assigned:	05/28/2015	Date of Injury:	07/10/2013
Decision Date:	06/26/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/20/2015

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, Indiana, New York Certification(s)/Specialty: Internal 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 38-year-old female, who sustained an industrial injury on 7/10/13. She reported back pain. The injured worker was diagnosed as having thoracolumbar sprain/strain with multilevel disk disease. Treatment to date has included a home exercise program and medication. A MRI of the lumbar spine obtained on 7/18/13 revealed posterior disc bulges without evidence of spinal canal stenosis or neuroforaminal narrowing at L1-S1. Physical examination findings on 5/4/15 included tenderness in the thoracic and lumbar paraspinal muscles with negative straight leg raises. Currently, the injured worker complains of back pain. The treating physician requested authorization for a left 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:

Left (Lumbosacral) L5-S1 Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, left lumbosacral L5 - S1 transforaminal epidural steroid injection is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); 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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. In this case, the injured worker's working diagnoses are thoracolumbar strain/sprain with multileveled disc disease: hemangioma versus lipoma nonindustrial. The medical record contains 31 pages. The request for authorization is dated May 5, 2015. A progress note dated May 5, 2015 subjective list states the injured worker continues to be symptomatic. Medications are to be refilled. MRI findings were reviewed and show disc disease in the cervical spine and lumbar spine. A pain management evaluation is to be requested. Objectively, there is tenderness in the thoracic and lumbar paraspinals with negative straight leg raising. Range of motion is decreased. There is no objective evidence of radiculopathy. Treatment plan does not contain documentation indicating a transforaminal epidural steroid injection at L5 - S1 is clinically indicated. There is no discussion of an epidural steroid injection at any level. Consequently, absent clinical documentation with objective evidence of radiculopathy, MRI and/or electrodiagnostic evidence to corroborate radiculopathy and documentation with a clinical indication and rationale for an epidural steroid injection, left lumbosacral L5 - S1 transforaminal epidural steroid injection is not medically necessary.