

Case Number:	CM14-0205516		
Date Assigned:	12/17/2014	Date of Injury:	02/10/2012
Decision Date:	02/19/2015	UR Denial Date:	11/27/2014
Priority:	Standard	Application Received:	12/09/2014

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 60 year old male who was injured at work on 2/10/2012. A November 13, 2014 medical report noted he had increasing lower back pain of 7/10 that was described as constant, sharp, stabbing, and radiates to the right leg. The pain worsens with physical activity, but improves with heat and rest. The physical examination revealed limited range of motion of the lumbar spine, facet tenderness, positive straight leg raise at 30 degrees(though a 12/15/2014 noted discomfort at 80 degrees straight leg raise), exquisite tenderness of the thoracolumbar fascia, normal sensations and power. A previous Lumbar MRI had noted Lumbar disc diseases including stenosis and spondylosis. The worker has been diagnosed of lumbar degenerative disease, thoracic radiculitis, Lumbago, sciatica, chronic pain syndrome; right hip degenerative changes; multilevel cervical spondylosis; multilevel lumbar spondylosis; status post right total hip replacement 3/6/14, status post right hip arthroscopy with acetabuloplasty, osteopathy of femoral neck, debridement of labrum, debridement of synovium, and removal of loose body. Treatments have included Motrin, Percocet, and Acupuncture, Occupational therapy, massage and Epidural steroid injections. At dispute is the request for 1 right L3-4 and L4-5 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right L3-4 and L4-5 Transforaminal Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

Decision rationale: The injured worker sustained a work related injury on 2/10/2012. The medical records provided indicate the diagnosis of lumbar degenerative disease, thoracic radiculitis, Lumbago, sciatica, chronic pain syndrome; right hip degenerative changes; multilevel cervical spondylosis; multilevel lumbar spondylosis; status post right total hip replacement 3/6/14, status post right hip arthroscopy with acetabuloplasty, osteopathy of femoral neck, debridement of labrum, debridement of synovium, and removal of loose body. Treatments have included Motrin, Percocet, and Acupuncture, Occupational therapy, massage and Epidural steroid injections. The medical records provided for review do not indicate a medical necessity for 1 right L3-4 and L4-5 transforaminal epidural steroid injection. The MTUS recommends epidural steroid injection as an option in the treatment of radicular pain with collaborative findings of radiculopathy on clinical presentation and Imaging and/ or nerve studies. Repeat injection is based on a documentation of at least 50% improvement with pain, and the reduction of the need for pain medications for 6-8 weeks. There was no documented improvement with two prior epidural steroid injections. Therefore, this request is not medically necessary.