

Case Number:	CM15-0106032		
Date Assigned:	06/10/2015	Date of Injury:	10/13/2011
Decision Date:	07/16/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	06/02/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 was a 52 year old female, who sustained an industrial injury, October 13, 2011. The injured worker previously received the following treatments Naproxen, Protonix and physical therapy. There was posterior fusion of L4 and L5 vertebral bodies with hard ware on the right. The injured worker had the hardware removed from the left. The injured worker was diagnosed with brachial neuritis, low back pain, lumbago, acquired spondylolisthesis and disorder of the trunk. According to progress note of April 15, 2015, the injured workers chief complaint was neck pain with associated arm pain. Low back pain had associated leg pain. The injured worker was working full time without restrictions. The injured worker had increased pain and discomfort with range of motion. The physical exam noted worsening pain in the lower back with down the legs, more on the right than the left and down the lateral calf. The treatment plan included request for lumbar spine transforaminal epidural steroid injection at L3-L4, L4-L5 and L5-L6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal epidural injection (TESI) L3-L4, L4-L5, L5-L6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

Decision rationale: Regarding the request for Lumbar transforaminal epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or two transforaminal levels, should be injected at one session. Within the documentation available for review, there are no objective examination findings supporting a diagnosis of radiculopathy. Additionally, the current request is covering three levels which is more than guidelines allow, without any reason for the additional level. Therefore, In the absence of such documentation, the currently requested Lumbar transforaminal epidural steroid injection is not medically necessary.