

Case Number:	CM15-0106445		
Date Assigned:	06/10/2015	Date of Injury:	09/03/2009
Decision Date:	07/13/2015	UR Denial Date:	05/14/2015
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

Certification(s)/Specialty: Emergency 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 51-year-old male, who sustained an industrial injury on September 3, 2009, incurring back, shoulder and right lower extremity injuries. He was diagnosed with thoracic, lumbosacral neuritis and radiculitis. Magnetic Resonance Imaging performed revealed lumbar disc protrusions. Treatment included anti-inflammatory drugs, pain medications, physical therapy, chiropractic sessions, epidural steroid injection, and work restrictions. Currently, the injured worker complained ongoing low back pain radiating into the right lower extremity. Upon examination, there was noted a decreased range of motion of the lumbar spine. The pain intensified with prolonged walking, reaching, bending and activities of daily living. The treatment plan that was requested for authorization included fluoroscopically guided right lumbar transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically-guided right L3-L4 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Epidural Steroid Injections (ESI) Page(s): 46.

Decision rationale: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may be recommended if it meets criteria. 1) Patient meets basic radicular criteria of LESI. There is exam and corroborating imaging and electrodiagnostics to confirm radiculopathy. 2) Goal of ESI: ESI has no long-term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for LESI except for pain management. There is no long-term plan. Fails criteria. 3) Unresponsive to conservative treatment. There is no appropriate documentation of prior conservative therapy attempts. There is no noted recent physical therapy or any other conservative therapy prior to ESI request. Fails criteria. 4) MTUS guidelines recommend during therapeutic phase that after 1st injection, pain relief of over 50% should last for up to 6-8 weeks. The relief was claimed to have 50% improvement but length of relief was not documented. Fails criteria. Patient fails multiple criteria for lumbar epidural steroid injection. Lumbar epidural steroid injection is not medically necessary.