

Case Number:	CM15-0131180		
Date Assigned:	07/17/2015	Date of Injury:	09/09/2014
Decision Date:	08/14/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/07/2015

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: 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 34 year old female who sustained an industrial injury on 9/9/14 involving a twisting incident resulting in low back injury. She was medically evaluated, given medications and physical therapy. She currently complains of frequent back pain with radiation into her left leg with decreased range of motion of the lumbar spine. Medications were not specifically identified. Diagnoses include lumbar spine sprain/ strain; lumbar disc pathology; neurologic symptomatology of left lower extremity. Treatments to date include medications with benefit; physical therapy with benefit; chiropractic treatments. Diagnostics include MRI of the lumbar spine (4/27/15) showing large disc protrusions. In the progress note dated 4/30/15 the treating provider's plan of care includes a request for left transforaminal epidural steroid injection at left L5-S1 due to radicular complaints and large disc compressing the L5 nerve root on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal epidural steroid injection under fluoroscopy at left L5-S1:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections.

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

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection, and a third ESI is rarely recommended. ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. In this case, the injured worker has neurologic symptomatology of left lower extremity. Treatments to date include medications with benefit; physical therapy with benefit; chiropractic treatments. Diagnostics include MRI of the lumbar spine (4/27/15) showing large disc protrusions. The physical exam did reveal some objective evidence of radiculopathy. The injured worker continues to have significant pain and radicular symptoms despite conservative treatment. The request for lumbar transforaminal epidural steroid injection under fluoroscopy at left L5-S1 is determined to be medically necessary.