

Case Number:	CM15-0138114		
Date Assigned:	07/28/2015	Date of Injury:	01/21/2014
Decision Date:	08/28/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/16/2015

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 is a 42 year old female who sustained an industrial injury on January 21, 2014. She has reported a lower back injury with radiation of pain into the right lower extremity and has been diagnosed with disc extrusion at L4-5 level with right L4 nerve root impingement and chronic low back pain with persistent right lower extremity symptoms. Treatment has consisted of acupuncture, medications, physical therapy, chiropractic care, injections, and surgery. Lumbar range of motion was full and not associated with pain. On palpation, tenderness was noted over the right piriformis muscle. Straight leg raise was negative at 90 degrees bilaterally. Fabere's test was positive on the right. The treatment plan included an epidural steroid injection and acupuncture. The treatment request included a lumbar transforaminal epidural steroid injection Right L4-L5.

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 at right L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Regarding the request for Lumbar transforaminal epidural steroid injection at right L4-L5, 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. Regarding repeat epidural injections, guidelines state that 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there is no indication of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks as well as functional improvement from previous epidural injections. Furthermore, there are recent subjective complaints but no objective examination findings supporting a diagnosis of radiculopathy. In the absence of such documentation, the currently requested Lumbar transforaminal epidural steroid injection at right L4-L5 is not medically necessary.