

Case Number:	CM15-0140151		
Date Assigned:	07/30/2015	Date of Injury:	04/07/2004
Decision Date:	08/27/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/20/2015

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 56 year old male, who sustained an industrial injury on 4-7-2004. He reported multiple trauma injuries to the back, right shoulder, right knee and left elbow. Diagnoses include history of rotator cuff tear, lumbar radiculopathy, and lumbar facet syndrome. Treatments to date include medication therapy, physical therapy, and lumbar epidural steroid injections. Currently, he complained of constant severe pain with associated numbness and weakness in the hands, feet and legs. A previous lumbar steroid injection provided on 5-19-15 was noted to provide initial 100% pain relief, now noted to have 60% pain relief. On 7-2-2015, the physical examination documented lumbar and facet joint tenderness with decreased reflexes and a positive left side straight leg raise test. The plan of care included a request to authorize transforaminal epidural steroid injection to left L4 and L5 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection at left L4 and L5: Overturned

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 Injections Page(s): 46.

Decision rationale: MTUS Guidelines allow for a repeat epidural injection (2nd injection) if the initial injection results in meaningful pain relief. After a second injection, the standards for additional injections change significantly. This individual meets the Guideline standards to perform a second injection. Significant pain relief was reported from the initial injection and nerve root irritation/dysfunction continues with a positive st. leg-raising test, sensory and reflex changes. Under these circumstances, the transforaminal epidural steroid injection at left L4 and L5 is supported by Guidelines and is medically necessary.