

Case Number:	CM15-0143112		
Date Assigned:	08/04/2015	Date of Injury:	10/28/2011
Decision Date:	09/04/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/23/2015

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 57 year old male who sustained an industrial injury on 10-28-2011. Mechanism of injury was a fall injuring his right hip, leg and knee as well as a right ankle fracture and reported neck pain. Diagnoses include cervical spondylosis without myelopathy, sciatica, and spondylolisthesis. Treatment to date has included diagnostic studies, medications, status post ORIF of the right ankle on 11-07-2011, right knee surgery on 04-05-2012, right rotator cuff repair on 06-26-2012, right hardware removal on 01-08-2013, acupuncture, epidural injections, and physical therapy. A physician progress note dated 07-13-2015 documents the injured worker complains of continued left leg pain describes as constant and uncomfortable. He also has neck pain. On examination of the lumbar spine there is tenderness that is mild. He has restricted hip range of motion with pain. There is decreased sensation on the left sole of the foot and the posterior leg. Left supine straight leg raise is positive, and seated straight leg raise test is positive. The treatment plan includes a Magnetic Resonance Imaging of the cervical spine due to continued neck pain and numbness despite NSAIDs, physical therapy and acupuncture. Treatment requested is for lumbar transforaminal epidural steroid injection at left L5-S1.

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 left L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

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 left L5-S1, 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 are recent subjective complaints and objective examination findings supporting a diagnosis of radiculopathy. Additionally, there are imaging studies corroborating the diagnosis of radiculopathy. However, 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. In the absence of such documentation, the currently requested Lumbar transforaminal epidural steroid injection at left L5-S1 is not medically necessary.