

Case Number:	CM15-0143571		
Date Assigned:	08/04/2015	Date of Injury:	07/31/2012
Decision Date:	09/01/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 44 year old female sustained an industrial injury on 7-31-12. She subsequently reported back pain. Diagnoses include lumbar disc disease, lumbar disc radiculopathy and lumbar facet syndrome. Treatments to date include MRI testing, injections, physical therapy and prescription pain medications. The injured worker continues to experience low back pain. Upon examination, there is moderate to severe facet tenderness over the L4-L5. Straight leg raise testing is positive bilaterally. A request for 1 Bilateral L3-L4 transforaminal epidural steroid injection was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral L3-L4 transforaminal epidural steroid injection: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work injury in July 2012 and is being treated for chronic back pain with radiating lower extremity symptoms. Two prior epidural injections are referenced as decreasing pain from 50-60% with decreased numbness and tingling lasting for more than five months. Benefit from prior epidural injections is also referenced in an AME in January 2015 where bilateral radiating leg pain had subsided. When seen by the requesting provider there was moderate to severe facet tenderness. Sacroiliac joint testing on the right side was positive. Straight leg raising was positive there was decreased lumbar spine range of motion. Lower extremity strength was decreased bilaterally imaging results are referenced as showing foraminal narrowing and facet arthropathy at multiple levels. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the requested epidural injection is within applicable guidelines and medically necessary.