

Case Number:	CM15-0168091		
Date Assigned:	09/11/2015	Date of Injury:	06/18/2010
Decision Date:	10/14/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/26/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old male who sustained an industrial injury on 6-18-10. Progress report dated 7-22-15 reports continued complaint of lower back and mid back pain. He states that the back brace and chiropractic treatment is helping. The pain is rated 7 out of 10 today and on average 5 out of 10. He had a lumbar epidural steroid injection one year ago that provided 75% relief for 6 months. Diagnoses include: lumbago, lumbar or lumbosacral disc degeneration, spinal stenosis of the lumbar region and thoracic or lumbosacral neuritis of radiculitis. Plan of care includes: continue current medications, request lumbar transforaminal epidural injection left side L5. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal epidural injection at L5 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The patient presents with continued low back pain and mid-back pain. The current request is for Lumbar transforaminal epidural injection at L5 x 3. The treating physician states, in a report dated 07/22/15, "Requested Procedures: Lumbar Transforaminal Epidural Injection (Site: L5, Side: left)". (18B) An MRI dated 09/10/13 states, "Left paracentral 4-mm disc protrusion with moderate left greater than right lateral recess stenosis at L4-5". (52B) The MTUS Guidelines support the usage of lumbar ESI for the treatment of radiculopathy that must be documented in physical examination and corroborated by diagnostic imaging/testing. In this case, the treating physician, based on the records available for review, states "Patient complains of lower back pain. The pain does not radiate. He is not involved in any form of exercise. He states that medications are helping pain reduction". (17B) Given that there is no documented radiculopathy, medications are working, no exercise program has been attempted, and the number of injections exceeds MTUS guidelines, the current request is not medically necessary.