

Case Number:	CM15-0185521		
Date Assigned:	09/25/2015	Date of Injury:	01/24/2008
Decision Date:	11/09/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/21/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 68-year-old female, who sustained an industrial injury on 1-24-2008. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spinal stenosis L3-L4 with intermittent lumbar radiculopathy, lumbar region postlaminectomy syndrome, lumbar disc without myelopathy, and lumbago. On 8-5-2015, the injured worker reported right sided low back pain, rating her pain at 6-7 out of 10. The Primary Treating Physician's report dated 8-5-2015, noted the injured worker previously received a transforaminal epidural steroid injection (ESI) at L4-L5 on 11-11-2013, receiving greater than 60% relief of her back pain for approximately 8 months. The lumbar spine examination was noted to show tenderness about the right side lower lumbar paravertebral musculature, with painful range of motion (ROM), and negative sitting straight leg raise bilaterally. The treatment plan was noted to include a request for a repeat transforaminal epidural steroid injection (ESI) given the injured worker's response to her previous injection. On 2-18-2015, the injured worker was noted to have low back pain radiating to the legs, noted to be severe. On 4-17-2015, the Secondary Treating Physician's report noted the injured worker with low back pain. The injured worker's "conservative treatment" was noted to have included physical therapy, acupuncture, and TENS, with lumbar spine surgery 2-23-2008. The lumbar spine was noted to have tenderness to palpation of the paraspinals. The request for authorization dated 8-10-2015, requested transforaminal epidural steroid injection right L3-4 and L4-5. The Utilization Review (UR) dated 8-31-2015, non-certified the request for transforaminal epidural steroid injection right L3-4 and L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection right L3-4 and L4-5: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: CA MTUS guidelines state that epidural steroid injections are an option for the treatment of radicular pain with guidelines recommending no more than 2 epidural steroid injections to for diagnostic purposes. Criteria for ESI includes radiculopathy documented by physical examination and corroborated by imaging and documentation of trial of conservative therapies including NSAIDs, physical therapy, exercise. Repeat epidural blocks should be used only when a 50 % reduction in pain accompanied by reduced medication usage for 6-8 weeks. In this case, there is documentation of 50% or greater reduction in pain after the prior injections which lasted > 6 months each time. Epidural steroid injections right L3-L4 and L4-L5 are medically necessary.