

Case Number:	CM15-0186798		
Date Assigned:	09/28/2015	Date of Injury:	04/05/2013
Decision Date:	11/06/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/22/2015

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: Arizona, California
 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:

This is a 45 year old male whose date of injury was April 5, 2013. Medical documentation on 8-20-15 indicated the injured worker was treated for right leg pain and low back. The injured worker reported that a right therapeutic L4-5 lumbar transforaminal epidural steroid injection on 7-24-15 provided 15% relief. He reported that his pain was now located in the anterolateral right calf and he had pain in the right buttock. His pain returned with activity. Objective findings included tenderness to palpation in the lumbar paraspinal muscles on the right and at the right sciatic notch. His lumbar spine range of motion was extension to 5 degrees, bilateral lateral flexion to 10 degrees, and bilateral rotation to 5 degrees. He could heel walk and toe walk and had tingling to touch over the right lateral calf. Diagnosis was lumbar disc displacement without myelopathy. A repeat right L4-5 lumbar transforaminal epidural steroid injection was requested to further his improvement. A request for authorization for repeat right L4-5 lumbar transforaminal epidural steroid injection was received on 8-28-15. On September 3, 2015, the Utilization Review physician determined repeat right L4-5 lumbar transforaminal epidural steroid injection was not medically necessary based on CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Right L4-5 Transforaminal Lumbar Epidural Injection: 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: According to the guidelines, 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. In this case, the claimant had an ESI for radicular symptoms. The 20 % improvement does not justify another ESI within a 1 month of the prior application. The request for another ESI is not medically necessary.