

Case Number:	CM15-0027894		
Date Assigned:	02/20/2015	Date of Injury:	12/30/2013
Decision Date:	04/15/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/13/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 40-year-old male, who sustained an industrial injury on 12/30/13. He has reported falling off a 10-foot roof onto his buttocks and complained of low back pain. The diagnoses have included lumbar radiculopathy. Treatment to date has included medication, diagnostics, Epidural Steroid Injection (ESI) and physical therapy. Currently, the injured worker complains of low back and left leg pain. He continues to take Naprosyn twice a day. He denies any discomfort while sleeping. The discomfort was rated 5/10. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 10/17/14 revealed disc herniation, and probable compression of the nerve root, degenerative disc disease, without stenosis. Physical exam revealed lumbar pain with forward flexion and positive bilateral straight leg raise. Treatment plan was orthopedic consult, continue physical therapy, and continue medications and ice. Work status was modified. On 1/16/15 Utilization Review non-certified a request for Lumbar Transforaminal Epidural Steroid Injections at Left L5 and S1 levels under direct Fluoroscopic Guidance, noting that further clarification of objective documented pain and functional improvement with the first Epidural Steroid Injection (ESI) is needed to determine the medical necessity of the second. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Transforaminal Epidural Steroid Injections at Left L5 and S1 levels Under direct Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The California MTUS guidelines indicates that repeat blocks should be based on continued objective documentation of pain and functional improvement of at least 50% pain relief and associated reduction of medication usage for 6 to 8 weeks. A second block is not recommended if there is inadequate response to the first block. Although the injured employee has had a previous lumbar transforaminal epidural steroid injection there is no documented decrease of pain, increased functional improvement, or associated medication reduction with this injection. As such, this request for a lumbar spine transforaminal epidural steroid injection on the left at L5 - S1 is not medically necessary.