

Case Number:	CM15-0038420		
Date Assigned:	03/09/2015	Date of Injury:	02/01/2010
Decision Date:	04/17/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/02/2015

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:

The injured worker is a 45-year-old male, who sustained an industrial injury on February 1, 2010. The diagnoses have included left shoulder impingement syndrome, tendinosis of left conjoint tendon, mild left biceps tenosynovitis, chronic myofascial pain syndrome, central disc protrusion at L4-L5, mild left carpal tunnel syndrome and left elbow medial epicondylitis. Treatment to date has included Magnetic resonance imaging of lumbar spine and left elbow injections, Non-steroidal anti-inflammatory drug and muscle relaxants. Currently, the injured worker complains of left elbow pain and low back pain with pain shooting down lower extremities, left more than right with tingling, numbness and paresthesia. In a progress note dated February 5, 2015, the treating provider reports severe tenderness is present on left elbow medial epicondyle, restricted range of motion, the lumbar spine has restricted range of motion, paravertebral muscle spasm and localized tenderness present, increased lordosis and left sided stretch test is positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal and translaminar lumbar epidural steroid injections to the L5-S1:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Epidural steroid injections (ESIs), therapeutic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for chronic elbow and radiating low back pain. A prior lumbar epidural steroid injection is reported as providing 75% pain relief and allowing the claimant to return to work. Although both transforaminal epidural steroid injection and interlaminar epidural steroid injection approaches are being requested, guidelines do not specifically prohibit this from being requested. Guidelines recommend that, when in the therapeutic phase, repeat epidural steroid injections 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, with a general recommendation of no more than 4 blocks per region per year. In this case, the requested epidural injections are within applicable guidelines and therefore were medically necessary.