

Case Number:	CM15-0040604		
Date Assigned:	03/11/2015	Date of Injury:	11/16/2014
Decision Date:	04/15/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/03/2015

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: Pennsylvania

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 61 year old male, who sustained an industrial injury on 11/16/2014. On provider visit dated 02/12/2015 the injured worker has reported low back pain. On examination of lumbar spine she was noted to have a decreased range of motion and tenderness over the paralumbar extensors and facet joints. The diagnoses have included symptomatic lumbar spondylosis with spinal canal stenosis at L4-L5 cannot fully exclude neurogenic claudication, multilevel bilateral lumbosacral radiculopathy with evidence of active denervation on EMG/NCS, probable lumbar facet syndrome and sensory motor bilateral peripheral polyneuropathy of unclear radiology. Treatment to date has included MRI, electromyogram/nerve conduction studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection (ESI), right lumbar L4: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Epidural steroid injections are recommended as an option for treatment of radicular pain. Specific criteria for the use of epidural steroid injections include 1) Radiculopathy documented by physical examination and corroborated by imaging studies and electrodiagnostic testing. In this case the physical exam and electrodiagnostic studies have corroborated radiculopathy. 2) Initially unresponsive to conservative measures. This worker has received at least 12 visits of physical therapy and medications including Naprosyn and Flexeril. 3) Injections should be performed using fluoroscopy. 4) If used for diagnostic purposes, a maximum of two injections should be performed. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement. 8) Current research does not support a "series of three" injections. In this case the, criteria for an epidural steroid injection have been met including conservative measures.