

Case Number:	CM15-0041414		
Date Assigned:	03/11/2015	Date of Injury:	04/04/1999
Decision Date:	05/01/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/04/2015

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: New York

Certification(s)/Specialty: Internal Medicine

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 37 year old female, who sustained an industrial injury on April 4, 1999. She reported injuries including low back strain, disc protrusions and back and left leg pains. The injured worker was diagnosed as having lumbar surgery syndrome, lumbar disc bulges, lumbar radiculitis neuropathy left L5, sacroiliac joint dysfunction pain and lumbago. Treatment to date has included diagnostic studies, surgery, injections and medications. On December 18, 2014, the injured worker complained of lumbar spine pain radiating into the left lower extremity. She rated her pain as a 6 on a 0-10 pain scale. She reported the shocking pain in her left lower extremity is returning and she continues to have mild weakness on left foot dorsiflexion. She complained of dysesthesias in the left leg. Her leg pain is characterized as constant, severe, stabbing, shooting and radiating. The treatment plan included medications and left L4 transforaminal epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4 transforaminal epidural injection: 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: A selective nerve root block, or transforaminal epidural steroid injection (ESI), is a variation of the traditional midline ESI; the spinal nerve roots exit the spine laterally. Based on a patient's medical history, a physical exam, and MRI findings, often a specific inflamed nerve root can be identified. According to the CA MTUS guidelines, criteria for ESI's include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In this case, the physical findings of radiculopathy are not corroborated by any imaging studies. Medical necessity of the requested bilateral L4 transforaminal ESI has not been established. The requested service is not medically necessary.