

Case Number:	CM15-0044356		
Date Assigned:	03/16/2015	Date of Injury:	01/21/2013
Decision Date:	04/17/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 45 year old male, who sustained an industrial injury on 1/21/2013. He reported feeling sharp pain run down his left leg and into his low back after removing tires from a vehicle. The diagnoses have included chronic, persistent axial lower back pain. Treatment to date has included physical therapy, acupuncture and medication. According to the progress report dated 1/9/2015, the injured worker complained of low back pain that was made worse with activity. He complained of intermittent left leg pain that radiated down into the ankle. Current medications included ibuprofen and Tylenol. Exam of the lumbar spine revealed tenderness to palpation in the lower, lumbosacral region. Straight leg raise was positive for low back pain. Motor exam was 5/5 for hip flexion, abduction, adduction, knee extension, hamstrings, EHL, tibialis anterior and gastrocsoleus. There is normal sensation to light touch throughout the bilateral lower extremities. Reflexes 2+ symmetric in quads and Achilles. The treatment plan was to review the previous magnetic resonance imaging (MRI) of the lumbar spine to determine if the injured worker was a candidate for lumbar epidural steroid injection (ESI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural steroid injections at left L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

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

Decision rationale: Transforaminal Epidural steroid injections at left L4-L5 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not reveal physical exam findings suggestive of a radiculopathy requiring a left L4-5 epidural steroid injection and states that a second block is not recommended if there is inadequate response to the first block. Furthermore, the MTUS states that no more than two nerve root levels should be injected using transforaminal blocks and the request does not specify a specific quantity of injections. The request for transforaminal epidural steroid injections at left L4-L5 is not medically necessary.