

Case Number:	CM15-0044767		
Date Assigned:	03/17/2015	Date of Injury:	03/13/2014
Decision Date:	04/13/2015	UR Denial Date:	02/19/2015
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: 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 claimant has a history of a work-related injury occurring on 03/13/14 and continues to be treated for back and radiating leg pain. An MRI showed a right lateralized disc herniation at L5/S1 and EMG testing is reported as positive. On 02/03/15 a previous epidural steroid injection had provided 60% pain relief. There was decreased right lower extremity strength and sensation and a decreased right ankle reflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient transforaminal epidural injection at Right L5-S1: Overturned

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 Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: When used for diagnostic purposes, a maximum of two injections should be performed. A second block can be recommended if there is an adequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections

and no more than two nerve root levels should be injected using a transforaminal approach. In this case, a previous epidural steroid injection is reported to have provided 60% pain relief and physical examination findings as well as imaging and electrodiagnostic testing is consistent with a diagnosis of radiculopathy. Therefore, the requested repeat lumbar epidural steroid injection meets applicable criteria and is medically necessary.