

Case Number:	CM15-0048432		
Date Assigned:	04/13/2015	Date of Injury:	10/05/2011
Decision Date:	05/06/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/13/2015

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: North Carolina, Georgia
 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 50 year old male, who sustained an industrial injury on 10/5/2011. He reported low back pain. The injured worker was diagnosed as having lumbar radiculopathy, lumbago, and spinal stenosis. Treatment to date has included physical therapy and prior epidural steroid injections. The request is for bilateral L5-S1 transforaminal epidural steroid injection. On 2/23/2015, the request was non-certified by Utilization Review who indicated previous steroid injections did not help, and there is lack of evidence to support the need for an injection. The medical records consist of 6 copies of the request for authorization dated 2/17/2015, 2 copies of SOAP (subjective, objective, assessment, plan) notes for date of service 3/3/15, which is after the Utilization Review report of 2/23/2015. The Utilization Review report is being utilized for this review. The Utilization Review indicates he was seen on 2/17/2015, for chronic low back pain and spinal stenosis. He rated his pain as 4/10 on a pain scale, and indicated radiation of pain was into the buttock and down both legs to the feet. A magnetic resonance imaging dated 10/28/2013 revealed L3-4 greater than L4-5 stenosis and multilevel degenerative disc disease. Physical findings revealed a negative straight leg raise test, decreased range of motion, and mild tenderness to the area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 transforaminal epidural steroid injection: 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 Section 2 Page(s): 46.

Decision rationale: CA MTUS guidelines state that epidural steroid injections are an option for the treatment of radicular pain with guidelines recommending no more than 2 epidural steroid injections for diagnostic purposes. Criteria for ESI includes radiculopathy documented by physical examination and corroborated by imaging and documentation of trial of conservative therapies including NSAIDs, physical therapy, exercise. Repeat epidural blocks should be used only when a 50 % reduction in pain accompanied by reduced medication usage for 6-8 weeks. In this case, there is documentation of 50-60% improvement for eight weeks after the prior injection. Epidural steroid injection is medically indicated.