

Case Number:	CM15-0049430		
Date Assigned:	03/23/2015	Date of Injury:	03/19/2012
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/16/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year-old male, who sustained an industrial injury on 3/19/2012. He reported a fall with neck, left shoulder, left hip, and back pain. Diagnoses include lumbar disc disorder without myelopathy, cervicalgia, cervical spondylosis without myelopathy, bilateral carpal tunnel syndrome, rotator cuff disease and depression. Treatments to date include anti-inflammatory medication, physical therapy, and a home exercise program. Currently, they complained of constant severe back pain rated 8/10 VAS. On 2/26/15, the provider documented positive left side straight leg raise test, positive bilateral facet load tests, and moderately decreased range of motion. The plan of care included left sided transforaminal epidural steroid injection to L4-5 and bilateral lumbar facet injection L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left transforaminal epidural steroid injection L4-5: 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 ESI Page(s): 46-47.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and upper/lower extremities. The request is for LEFT TRANSFORMINAL EPIDURAL STEROID INJECTION AT L4-5. Per 02/26/15 progress report, examination reveals severe tenderness at the left sciatic notch and lower lumbar spine. SLR is positive on the left and left facet load is positive on the left. The patient has failed conservative treatment with physical therapy, HEP and NSAIDs. Work status is not known. MTUS pages 46 and 47 states that Epidural Steroid Injections "ESI are recommended as an option for the treatment of radicular pain with corroborative findings for radiculopathy. MTUS further states that for diagnostic purposes a maximum of two injections should be performed." In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the treater requested "a trial of left sided L4-5 TFLESI to address the radicular pain." Although the treater states radiculopathy as a diagnosis, there is no clear such diagnosis. The patient's leg symptoms are not described in a dermatomal distribution and MRI from 11/13/14 only showed slight bulging disc. No potential nerve root lesions are shown such as stenosis or HNP that would explain the patient's left leg symptoms. The request IS NOT medically necessary.