

Case Number:	CM15-0059786		
Date Assigned:	04/06/2015	Date of Injury:	04/13/2006
Decision Date:	05/05/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/30/2015

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 injured worker is a 54 year old male who sustained an industrial injury on 4/13/06. The injured worker reported symptoms of depression, anxiety and pain. The injured worker was diagnosed as having major depressive affective disorder, single episode, moderate and other pain disorders related to psychological factors. Treatments to date have included non-steroidal anti-inflammatory drugs, oral pain medication, antidepressant medication, anti-anxiety medication, and psychotherapy treatment. Currently, the injured worker complains of depression, anxiety and pain. The plan of care was for epidural steroid injection and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 transforaminal epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant is nearly 10 years status post work-related injury and is being treated for chronic low back pain with worsening right lower extremity radiating symptoms. When seen, he was being considered for surgery. Medications were becoming less effective and he was taking Norco six times per day. Physical examination findings included positive straight leg raising with decreased right lower extremity strength and sensation. An MRI of the lumbar spine in November 2013 included findings of moderate L4-five foraminal stenosis. EMG/NCS testing also in November 2013 had shown findings of a right L5 radiculopathy. Criteria for the use of epidural steroid injections include radiculopathy documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case, the claimant has decreased right lower extremity sensation and strength and positive straight leg raising with both imaging and electrodiagnostic testing confirming a diagnosis of radiculopathy. Therefore the requested epidural steroid injection was medically necessary.