

Case Number:	CM15-0080715		
Date Assigned:	05/01/2015	Date of Injury:	03/28/2014
Decision Date:	06/01/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/27/2015

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 51-year-old male, who sustained an industrial injury on 03/28/2014. He has reported injury to the low back. The diagnoses have included lumbar sprain and strain; displacement of lumbar intervertebral disc without myelopathy; lumbar radiculitis/radiculopathy of lower extremities; and sacroiliitis of right sacroiliac joint. Treatment to date has included medications, diagnostic studies, sacroiliac injection, and lumbar epidural steroid injection. Medications have included Norco, Gabapentin, Terocin patch, and topical compounded creams. A progress note from the treating physician, dated 03/23/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of severe pain over the right buttock radiating to posterior and lateral aspect of right thigh with numbness and tingling; low back pain with radiation to the right thigh, with numbness and tingling to the right leg; pain is rated 9/10 on the pain scale most of the time; and reports 50% improvement after the first right transforaminal lumbar epidural steroid injection. Objective findings included severe sacroiliac joint inflammation with signs of radiculitis to the right thigh; and deep palpation over the lumbar spinous process at levels L3-4 and L4-5 reproduced severe pain radiating to corresponding dermatome in right leg. The treatment plan has included the request for second right transforaminal lumbar epidural steroid injection at L3-4 and L4-5 fluoroscopy guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd right transforaminal lumbar epidural steroid injection at L3-4 and L4-5 fluoroscopy guidance: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The claimant is more than one-year status post work-related injury and continues to be treated for right low back and buttock pain with right lower extremity radicular symptoms. Treatments have included a lumbar transforaminal epidural steroid injection in December 2014 reported as providing greater than 50% pain relief lasting for 8 weeks. When seen, he was having increasing symptoms including right lower extremity pain, numbness, and tingling. Guidelines recommend that, when in the therapeutic phase, repeat epidural steroid injections should be based on objective documented pain and functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the requested second epidural injection is within applicable guidelines and therefore is medically necessary.