

Case Number:	CM15-0081591		
Date Assigned:	05/04/2015	Date of Injury:	02/15/2014
Decision Date:	06/02/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/28/2015

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: New Jersey, New York
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 33-year-old male, who sustained an industrial injury on February 15, 2014. He has reported back pain, leg pain, and hip pain. Diagnoses have included lumbar spine disc herniation, left leg radiculitis, chronic lumbosacral strain, internal derangement of the left hip, and left hip labral tear. Treatment to date has included medications, home exercise, chiropractic, physical therapy, massage therapy, acupuncture, imaging studies, and diagnostic testing. A progress note dated March 31, 2015 indicates a chief complaint of back pain, left leg pain, and left hip pain. The treating physician documented a plan of care that included transforaminal injections of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Injection L4 On The Left Qty 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46.

Decision rationale: The request for repeat ESI is not medically necessary according to MTUS guidelines. The patient had previous injection in 12/2014. There are conflicting notes in the chart that state there was improvement and some say his pain worsened afterwards. According to guidelines, there must be at least 50% pain relief with reduction in medication usage and objective improvement in pain and functional capacity. There was no documentation to support improvement in function. Radiculopathy also must be documented by exam and corroborated by imaging or electrodiagnostic studies. As per the chart, the patient did not have any neurological deficits on exam. Therefore, the request is considered not medically necessary.

Transforaminal Injection L5 On The Left: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46.

Decision rationale: The request for repeat ESI is not medically necessary according to MTUS guidelines. The patient had previous injection in 12/2014. There are conflicting notes in the chart that state there was improvement and some say his pain worsened afterwards. According to guidelines, there must be at least 50% pain relief with reduction in medication usage and objective improvement in pain and functional capacity. There was no documentation to support improvement in function. Radiculopathy also must be documented by exam and corroborated by imaging or electrodiagnostic studies. As per the chart, the patient did not have any neurological deficits on exam. Therefore, the request is considered not medically necessary.