

Case Number:	CM15-0002665		
Date Assigned:	01/13/2015	Date of Injury:	02/08/2005
Decision Date:	03/13/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/06/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 65 year old male, who sustained an industrial injury on February 8, 2005. He has reported lower back pain radiating to the legs. The diagnoses have included displacement of lumbar intervertebral disc, chronic lower back pain, lumbosacral radiculopathy, right shoulder tendinitis, right biceps tendinitis, and left sacroiliac joint dysfunction. Treatment to date has included a right shoulder injection, home exercises and medications. The 2005 MRI of the lumbar spine showed multilevel disc bulges, neural foraminal stenosis contact with nerve roots. The EMG showed lumbar radiculopathy. Currently, the injured worker complains of a severe increase of the lower back pain with radiation to the legs, numbness, tingling, and parasthesia. The physical examination showed tenderness to palpation of the lumbar spine. The treating physician is requesting a right sided lumbar transforaminal and translaminar epidural steroid injection, noting that the injured worker's pain has recently increased despite prior treatments. On December 10, 2014 Utilization Review non-certified the request for a right sided lumbar transforaminal and translaminar epidural steroid injection noting the lack of documentation to support the medical necessity of the procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sided L4-L5 transforaminal & translaminar lumbar epidural steroid injection:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 46. Decision based on Non-MTUS Citation Pain Chapter Low and Upper Back

Decision rationale: The CA MTUS and the ODG guidelines recommend that lumbar epidural steroid injections can be utilized for the treatment of lumbar radiculopathy that did not respond to treatments with medications and PT. The records indicate that the patient had subjective, objective, radiological and EMG/NCV findings consistent with lumbar radiculopathy. The patient completed medications treatments and PT but the significant radicular low back pain persisted. The criteria for right transforaminal versus translaminar epidural steroid injection was met.