

Case Number:	CM15-0009511		
Date Assigned:	01/27/2015	Date of Injury:	06/15/2012
Decision Date:	05/18/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/16/2015

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, Arizona

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 40-year-old male who reported an injury on 06/15/2012 due to a hitting dirt pile while in a pickup truck. On 12/17/2014, he presented for a follow-up evaluation regarding his work related injury. He reported complaints of persistent numbness to the left wrist encompassing the entire hand. It was noted that he had failed NSAID therapy with no benefit as well as home stretching and strengthening exercises and wrist bracing. His medications included Norco, Pamelor, gabapentin cream, and tramadol. A physical examination showed range of motion at 70 degrees with extension in flexion, 20 degrees with radial deviation, and 35 degrees with ulnar deviation and 70 degrees with pronation with 85 degrees of supination in active and passive range of motion. There was mild wrist pain with range of motion, the joint was stable tracked well with range of motion, and there was no instability noted with manipulation or weight bearing. He had a positive Tinel's, positive Phalen's, and positive Finklestein's. He had 5/5 strength and decreased sensation in a C6, C7, and C8 dermatome. The treatment plan was for a right transforaminal epidural steroid injection at the L5-S1. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right transforaminal epidural steroid injection at L5-S1: 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 ESI
Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend repeat epidural steroid injections when there is evidence that a 50% decrease in pain occurred with an objective improvement in function and an associated reduction in medication use for at least 6 to 8 weeks. The documentation provided indicates that the injured worker had already gotten epidural steroid injections at the requested level. However, there is a lack of documentation showing that he had at least a 50% decrease in pain with an objective improvement in function and an associated reduction in medication use for at least 6 to 8 weeks. Without this information, the request will not be supported by the evidence-based guidelines. As such, the request is not medically necessary.