

Case Number:	CM15-0009750		
Date Assigned:	01/27/2015	Date of Injury:	08/27/2011
Decision Date:	03/24/2015	UR Denial Date:	01/02/2015
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

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 58-year-old male who reported an injury on 08/27/2011. The mechanism of injury was not stated. The current diagnoses include backache, knee pain, and lumbar radiculopathy. The injured worker presented on 01/09/2015, with complaints of 7/10 pain. The current medication regimen includes Norco 10/325 mg, Cymbalta 30 mg, meloxicam 7.5 mg, and Tylenol 325 mg. Upon examination of the lumbar spine, there was restricted range of motion with flexion to 56 degrees, extension to 12 degrees, right and left lateral bending to 16 degrees, paravertebral muscle tenderness, hypertonicity and spasm, trigger points, positive facet loading on the left, positive straight leg raising on the left at 65 degrees, diminished motor strength in the left lower extremity, decreased sensation over the medial foot on the left side, and 2+ deep tendon reflexes with the exception of 1+ ankle jerk on the left side. Recommendations at that time included a repeat transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar steroid epidural injection at the left L5, S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

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

Decision rationale: The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. While it is noted that the injured worker reported 75% improvement with the previous injection on 04/07/2014, there was no documentation of objective functional improvement. The guidelines recommend at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks. Given the above, the request is not medically appropriate at this time.