

Case Number:	CM15-0102708		
Date Assigned:	06/05/2015	Date of Injury:	12/02/2013
Decision Date:	07/07/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/29/2015

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: Georgia

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 39 year old male, who sustained an industrial injury on December 2, 2013 while working as a delivery man. The injury occurred while the injured worker was lifting a box. The injured worker has been treated for neck, left shoulder and low back complaints. The diagnoses have included lumbago, lumbar degenerative disc disease, lumbar radiculopathy, lumbosacral neuritis, painful lumbar disc lumbar five-sacral-one, lumbar five-sacral one annular tear, lumbar foraminal stenosis and left shoulder impingement. Treatment to date has included medications, radiological studies, MRI and a lumbar brace. Current documentation dated April 23, 2015 notes that the injured worker reported worsening low back pain with radiation to the right lower extremity. Examination of the lumbar spine revealed a painful and decreased range of motion. Strength and sensation in the legs were normal. A straight leg raise in a sitting position was negative. The treating physician's plan of care included a request for a transforaminal epidural to bilateral sacral one.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural bilateral S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 47.

Decision rationale: Transforaminal epidural bilateral S1 is not medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. In the therapeutic phase repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The physical exam is not consistent with radiculitis, the straight leg raise is negative and sensory and strength is normal; therefore, the requested service is not medically necessary.