

Case Number:	CM15-0010995		
Date Assigned:	01/28/2015	Date of Injury:	07/22/1996
Decision Date:	03/18/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/20/2015

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: North Carolina, Georgia
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 55 year old female with an industrial injury dated 07/22/1996. Her diagnoses include left L3 radiculitis secondary to L3-L4 degenerative spondylosis with foraminal stenosis. Recent diagnostic testing has included x-rays of the lumbar spine (12/29/2014) showing mild scoliosis and multilevel degenerative changes and a MRI of the lumbar spine (12/18/2013) showing left L3-4femorail stenosis. She has been treated with medications. In a progress note dated 12/29/2015, the treating physician reports left anteromedial thigh and knee pain which had switched from the right to the left. The objective examination revealed a positive left femoral nerve stretch test, negative sciatic nerve test bilaterally, and normal motor strength in the bilateral lower extremity. The treating physician is requesting lumbar transforaminal epidural steroid injection which was modified by the utilization review. On 01/09/2015, Utilization Review non-certified a request for one left L3-L4 transforaminal epidural steroid injection, noting the absence of documented dermatomal sensory disturbance, motor weakness in the lower extremities and lack of functional improvement from previous injection. The MTUS Guidelines were cited. On 01/20/2015, the injured worker submitted an application for IMR for review of one left L3-L4 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L4 transforaminal epidural steroid injection: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 46.

Decision rationale: CA MTUS guidelines state that epidural steroid injections are an option for the treatment of radicular pain with guidelines recommending no more than 2 epidural steroid injections to for diagnostic purposes. Criteria for ESI includes radiculopathy documented by physical examination and corroborated by imaging and documentation of trial of conservative therapies including NSAIDs, physical therapy, exercise. Repeat epidural blocks should be used only when a 50 % reduction in pain accompanied by reduced medication usage for 6-8 weeks. In this case, there documentation of radicular pain and well documented 9 months of significant improvement in pain after the last epidural steroid injection in January 2014. Epidural steroid injection is medically indicated.