

Case Number:	CM15-0011180		
Date Assigned:	01/29/2015	Date of Injury:	02/17/2012
Decision Date:	03/24/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/21/2015

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 55 year old male injured worker suffered an industrial injury on 2/17/2012. The diagnoses were cervical spine sprain/strain, cervical discogenic disease, left shoulder strain/sprain with impingement, lumbar spine strain/sprain, lumbar discogenic disease, right trochanteric bursitis, and degenerative arthritis left knee. The diagnostics were lumbar magnetic resonance imaging and x-rays. The treatments were left shoulder arthroscopy and medications. The treating provider reported pain in the left shoulder pain and burning to the left lower leg with tenderness and decreased sensation. The Utilization Review Determination on 12/26/2014 non-certified lumbar transforaminal epidural steroid injections, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Transforaminal Epidural Steroid Injection Left L3-4: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46 and 47.

Decision rationale: The patient was injured on 02/17/12 and presents with lumbar spine pain with numbness to the left leg into the shin, pain in the right hip, and bilateral knee pain. The request is for a Lumbar Transforaminal Epidural Steroid Injection Left L3-4. The utilization review determination rationale is that there are no MRI changes to support L3-4 ESI. The RFA is dated 12/03/14 and the patient is currently not working. Review of the reports provided does not indicate if the patient had a prior ESI of the lumbar spine. In regards to epidural steroid injections, MTUS page 46-47 has the following criteria under its chronic pain section: "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." The 12/03/14 report states that the patient describes his low back pain as dull, achy, and burning sharp pain that causes numbness to the left leg into the shin. He has an antalgic gait to the left and an exacerbated heel-toe walk on the left. There is diffuse tenderness noted over the lumbar paravertebral musculature and moderate facet tenderness over the L4 through S1 spinous processes. The patient has a positive Kemps on the left side and a decreased range of motion. Sensation is decreased in the left L3, L4, and L5 dermatomes. It does not appear that the patient had a prior ESI of the lumbar spine. An MRI of the lumbar spine (date of study not indicated) revealed that at L3-L4, the patient had a three millimeter disc protrusion resulting in abutment of the descending L4 nerve roots, bilaterally, as well as abutment of the exiting right and left L3 nerve roots. Therefore, a trial of lumbar epidural steroid injection is reasonable. The requested Lumbar Transforaminal Epidural Steroid Injection at L3-4 is medically necessary.