

Case Number:	CM15-0012309		
Date Assigned:	01/29/2015	Date of Injury:	10/04/2013
Decision Date:	03/24/2015	UR Denial Date:	01/14/2015
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: 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 45 year old male, who sustained an industrial injury on October 4, 2013. He has reported a trip and fall while running, resulting in injury of the forearm, and low back. The diagnoses have included low back pain. Treatment to date has included cold, quiet, massage, physical therapy, electrodiagnostic studies, medications, and radiological imaging. Currently, the IW complains of low back pain with radiation down both legs. He reports that physical therapy has helped somewhat. Current physical findings demonstrate lumbar spasms, and an antalgic gait. The records indicate a magnetic resonance imaging of the thoracic spine was completed on July 29, 2014, which was unremarkable. A magnetic resonance imaging of the lumbar spine completed on April 16, 2014, reveals disc desiccation, and disc bulging. On January 14, 2015, Utilization Review non-certified 2 left lumbar transforaminal epidural steroid injections at L5-S1, anesthesia with fluoroscopic guidance, based on Chronic Pain Medical Treatment guidelines. On January 14, 2015, the injured worker submitted an application for IMR for review of 2 left lumbar transforaminal epidural steroid injections at L5-S1, anesthesia with fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Left Lumbar Transforaminal @ L5-S1 Anesthesia W/SRAY Fluoro Guidance:
Overturned

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

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 is evidence of L5-S1 radiculopathy on the left and documentation of failure of conservative therapy. 2 Left lumbar transforaminal L5-S1 anesthesia with fluro guidance are medically indicated.