

Case Number:	CM15-0014095		
Date Assigned:	02/02/2015	Date of Injury:	01/03/2013
Decision Date:	03/18/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/26/2015

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: Emergency Medicine

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 48 year old male, who sustained an industrial injury on January 3, 2013. He has reported injury while tacking a 50 pound bag on a pallet. The diagnoses have included lumbar radiculitis, degeneration lumbar discs, lumbago and chronic pain due to trauma. Treatment to date has included diagnostic studies, medications, physical therapy, massage therapy, heating pad, TENS unit, exercise program, chiropractic treatment and epidural steroid injections. Currently, the injured worker complains of back pain on both sides with radiation down the right leg. The pain is continuous, aching, throbbing, sharp, tender, burning and numb. The pain is exacerbated by standing and sitting for prolonged periods as well as repetitive movements and stopping. On January 5, 2015, Utilization Review non-certified one bilateral transforaminal epidural steroid injection at L3-L4 and L4-L5 under fluoroscopic guidance, noting the California Chronic Pain Guidelines. On January 26, 2015, the injured worker submitted an application for Independent Medical Review for review of one bilateral transforaminal epidural steroid injection at L3-L4 and L4-L5 under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Transforaminal Epidural Steroid Injection at L3-L4 and L4-L5 under Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines p. 46, Epidural steroidinjections (ESIs) Page(s): Page 46.

Decision rationale: The requested Bilateral Transforaminal Epidural Steroid Injection at L3-L4 and L4-L5 under Fluoroscopic Guidance , is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." The injured worker has back pain on both sides with radiation down the right leg. The treating physician has documented positive bilateral straight leg raising tests, lumbar facet tenderness and limited lumbar range of motion. The treating physician has not documented deficits in dermatomal sensation, reflexes or muscle strength, nor the duration of relief from a previous epidural injection. The criteria noted above not having been met, Bilateral Transforaminal Epidural Steroid Injection at L3-L4 and L4-L5 under Fluoroscopic Guidance is not medically necessary.