

Case Number:	CM15-0110150		
Date Assigned:	06/16/2015	Date of Injury:	05/07/2013
Decision Date:	07/15/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/08/2015

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, 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 28 year old male, who sustained an industrial injury on 5/7/2013. Diagnoses have included herniated nucleus pulposus (HNP) of the cervical spine with stenosis, cervical radiculopathy, chronic low back pain and lumbar radiculopathy. Treatment to date has included lumbar surgery, physical therapy, a home exercise program, transcutaneous electrical nerve stimulation (TENS) unit and medication. According to the progress report dated 5/4/2015, the injured worker complained of back pain ranging from 4-10/10. He reported less pain and tingling in his legs since having microlumbar decompressive surgery on 10/9/2014. He complained of cramping down the back of the left leg to the calf when walking. He complained of neck pain rated 4-5/10. He reported muscle spasms in the neck and low back. He described his low back pain as stabbing and reported radiation of pain down the bilateral lower extremities to the mid-calf. It was noted that recent magnetic resonance imaging (MRI) from 2/22/2015 showed L3-4 moderate to severe left foraminal narrowing with contact of the exiting left L3 nerve root. Authorization was requested for transforaminal epidural steroid injection left L3 and L4 nerve roots.

IMR ISSUES, DECISIONS AND RATIONALES

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

TESI left L3 & L4 nerve roots: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there are no imaging or electrodiagnostic studies (formal reports) corroborating the diagnosis of radiculopathy. In the absence of such documentation, the currently requested epidural steroid injection is not medically necessary.