

Case Number:	CM15-0111456		
Date Assigned:	06/17/2015	Date of Injury:	09/13/1999
Decision Date:	07/22/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/09/2015

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: Massachusetts

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:

This 61-year-old male sustained an industrial injury on 9/13/99. He subsequently reported back pain. Diagnoses include degeneration of lumbar or lumbosacral intervertebral disc, degenerative disc disease of the cervical spine and myofascial pain syndrome. Treatments to date include x-ray and MRI testing, physical therapy, injections and prescription pain medications. The injured worker continues to experience bilateral leg, neck, right shoulder, bilateral hand, bilateral low back and right ankle/ foot pain. Upon examination, there was decreased range of motion, a slow steady gait and slow transfer noted. Lying straight leg raise was positive on the right. A request for Lumbar Transforaminal epidural Steroid Injection with Fluoroscopy, under Sedation at L5-S1 (right side) was made by the treating physician.

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 with Fluoroscopy, under Sedation at L5-S1 (right side): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic pain. When seen, he was having right shoulder and bilateral leg, hand, ankle/foot, and low back pain. Pain was rated at 1-5/10. Physical examination findings included appearing in moderate distress. There was a slow gait and he transitioned positions slowly. There was decreased lumbar range of motion with facet tenderness and axial pain with rotation and hyperextension. Case notes reference an MRI in 2001 as negative for neural impingement. Criteria for the use of an epidural steroid injection include radiculopathy documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case, when seen by the requesting provider, there were no reported physical examination findings that would support a diagnosis of lumbar radiculopathy and previous imaging was negative for neural compromise. The requested epidural steroid injection was not medically necessary.