

Case Number:	CM15-0114047		
Date Assigned:	06/22/2015	Date of Injury:	04/11/2010
Decision Date:	07/21/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/12/2015

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:

The injured worker is a 47 year old female who sustained a work related injury April 11, 2010. An operative report, dated April 17, 2015, revealed the injured worker underwent left L4, L5, and S1 transforaminal epidural steroid injection and L5 epidurogram under fluoroscopy. Post-operative diagnosis is documented as left lumbosacral radiculopathy. According to a psychiatry follow-up report dated April 23, 2015, finds the injured worker presenting with chronic neck pain, upper back pain and lower back pain. She was treated conservatively with pain medications, which are assisting with daily activities noted as light duties. She has had flare-ups of neck pain but she doesn't want an injection as she had side effects in the past. She is walking with a normal gait and balance. The cervical spine, paraspinal muscles are diffusely tender with well-preserved muscle bulk, joint contours, and coordination and guarded in range of motion. Assessment is documented as cervical strain with underlying cervical spondylosis, lumbosacral strain with lumbosacral disc desiccation, disc degenerative disease, chronic low back and neck pain. At issue, is a request for lumbar epidural steroid injection left L4, L5, and S1 #2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at Left L4, L5, S1 #2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic) Epidural steroid injections (ESIs), therapeutic.

Decision rationale: The claimant sustained a work injury in April 2010 and continues to be treated for radiating low back pain. A three level transforaminal epidural steroid injection was performed on 04/17/15. When seen on 04/23/15 authorization for a second three level transforaminal epidural was requested. In terms of lumbar epidural steroid injections, guidelines recommend that, in the diagnostic phase, a maximum of two injections should be performed. There should be an interval of at least one to two weeks between injections. Criteria also include that no more than two nerve root levels be injected using a transforaminal approach. In this case the request was made less than two weeks after the first injection and another three level transforaminal epidural steroid injection was requested which cannot be considered as being medically necessary.