

Case Number:	CM15-0118304		
Date Assigned:	06/26/2015	Date of Injury:	01/17/2002
Decision Date:	07/27/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/18/2015

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 51-year-old male, who sustained an industrial injury on 1/17/2002. He reported low back pain. Diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc, degeneration of cervical intervertebral disc, lumbar post-laminectomy syndrome and thoracic post-laminectomy syndrome. Treatment to date has included chiropractic treatment, surgery and medication. According to the progress report dated 5/8/2015, the injured worker complained of low back pain. He rated his pain as 7/10. He also reported numbness and tingling in the bilateral lower extremities. He reported stiffness of the low back and interference with sleep. It was noted that lumbar epidural steroid injection in the past resulted in at least 60% improvement in pain levels for at least eight to twelve months. The last lumbar epidural steroid injection was done in July 2014. The injured worker had an antalgic gait favoring the left and a forward flexed body posture. There was tenderness over the midline lumbar spine. Seated straight leg raise test was positive on the left. Authorization was requested for bilateral transforaminal lumbar epidural steroid injection at L4-5 with sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal lumbar epidural steroid injection at L4-5 with sedation: Upheld

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

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

Decision rationale: The claimant sustained a work injury in January 2002 and continues to be treated for radiating back pain. Epidural injections in November 2013 and July 2014 are referenced as providing 60% improvement with increased function and lasting for six months. When seen, he was having radiating back pain bilaterally. No abnormal physical examination findings were reported. A repeat epidural injection with moderate sedation was requested. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. In this case, there are no reported physical examination findings of radiculopathy. The request cannot be accepted as being medically necessary.