

Case Number:	CM15-0120508		
Date Assigned:	07/01/2015	Date of Injury:	04/09/1996
Decision Date:	07/30/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/22/2015

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 56-year-old female who sustained an industrial injury on 4/9/1996 resulting in bilateral radiating low back pain. She is diagnosed with chronic pain syndrome, chronic regional pain, lower, lumbar radiculopathy, and post-laminectomy syndrome. Documented treatment has included lumbar fusion, laminectomy, pain medication, right-sided epidural steroid injection (50% decrease in pain), and spinal cord stimulator implant. The injured worker reports that treatments helps manage her pain at tolerable levels enabling her to function. The injured worker is reporting severe left-sided lumbar and lower extremity pain. The treating physician's plan of care includes a left L3-4 transforaminal epidural steroid injection. Work status is not identified in the provided records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3-4 TFE Transforaminal ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

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 radiating low back pain. When seen, a right transforaminal epidural steroid injection had provided decreased pain. She had a complaint of low back pain radiating to the left leg to the foot. There was decreased left lower extremity sensation and left straight leg rising was positive. A recent MRI included findings of moderate L3-4 foraminal narrowing. A left L3/4 test 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, the claimant's provider documents decreased left lower extremity sensation with positive neural tension sign and imaging has shown findings consistent with the presence of radiculopathy. Prior treatments have included physical therapy, injections, a spinal cord stimulator, surgery, and medications. The criteria are met and the requested epidural steroid injection is considered medically necessary.