

Case Number:	CM15-0120977		
Date Assigned:	07/01/2015	Date of Injury:	06/14/2010
Decision Date:	07/31/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/23/2015

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 59 year old male, who sustained an industrial injury on 6/14/2010. The mechanism of injury is cumulative trauma. The injured worker was diagnosed as having lumbar post-laminectomy syndrome, lumbar radiculopathy, cervical spine musculoligamentous injury with radiculopathy, bilateral carpal tunnel syndrome and lumbosacral neuritis. There is no record of a recent diagnostic study. Treatment to date has included surgery, acupuncture, physical therapy, chiropractic care, heat/ice, massage, TENS (transcutaneous electrical nerve stimulation), lumbar epidural steroid injection, home exercises and medication management. In a progress note dated 5/13/2015, the injured worker complains of low back pain and progressive bilateral lower extremity weakness. Physical examination showed decreased cervical, thoracic and lumbar range of motion and muscle spasms. The treating physician is requesting bilateral lumbar 5 transforaminal epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 transforaminal epidural steroid injections Qty 1: Overturned

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

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-related injury in June 2010 and is being treated for radiating low back pain. Two epidural steroid injections in 2011 are referenced as providing 70% pain relief lasting 14-16 weeks. When seen, he was having bilateral lower extremity radiating symptoms. Straight leg raising was positive. There was decreased spinal range of motion with muscle spasms. Pain was rated at 8/10. Prior treatments have also included physical therapy, chiropractic care, acupuncture, medications, massage therapy, and modalities including TENS, heat, and ice, and the claimant exercises daily. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the requested epidural injection is within applicable guidelines and medically necessary.