

Case Number:	CM15-0121690		
Date Assigned:	07/02/2015	Date of Injury:	08/03/2011
Decision Date:	07/31/2015	UR Denial Date:	06/18/2015
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 66 year old male, who sustained an industrial injury on 8/3/2011. The mechanism of injury was a pulling injury. The injured worker was diagnosed as having chronic low back pain, discogenic low back pain, lumbar spondylosis, myofascial pain/spasm and depression. Lumbar magnetic resonance imaging showed mild foraminal narrowing and disc desiccation. Treatment to date has included medial branch block, radiofrequency ablation, physical therapy, epidural steroid injection, home exercises and medication management. In a progress note dated 6/10/2015, the injured worker complains of chronic lumbar pain with right sided radiculopathy, rated 3/10. Physical examination showed residual low back pain with right leg weakness. The treating physician is requesting a right transforaminal epidural at lumbar 3-4 and 4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Transforaminal epidural (TFE) at L3-4, L4-5: 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-related injury in August 2011 and continues to be treated for radiating low back pain. When seen, he was having right lower extremity radiating symptoms. There was lumbar paraspinal muscle tenderness. There was right lower extremity weakness and positive right straight leg raising. An MRI of the lumbar spine included findings of right lateralized foraminal narrowing at L4/5. Right lumbar transforaminal epidural steroid injections were done in October 2012 with unknown response. Guidelines recommend that, in the therapeutic phase, repeat injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, the degree and duration of any pain relief following the previous injection is not documented. The requested repeat lumbar epidural steroid injection was not medically necessary.