

Case Number:	CM15-0123876		
Date Assigned:	07/15/2015	Date of Injury:	09/30/2013
Decision Date:	08/10/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/26/2015

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 48 year old male, who sustained an industrial injury on 9/30/2013. The mechanism of injury occurred when carrying heavy boxes up a ladder. The injured worker was diagnosed as having an industrial spine injury and current symptoms of left buttock pain and left- sided radiating thigh pain. Lumbar magnetic resonance imaging showed spondylosis with minor disc bulges and bilateral para-central protrusions. Treatment to date has included physical therapy, epidural steroid injection and medication management. In a progress note dated 6/10/2015, the injured worker complains of left low back pain with radiating left lower extremity pain. Physical examination showed the left lateral thigh was the site of maximal pain. The treating physician is requesting transforaminal fluoroscopically guided lumbar epidural steroid injection left lumbar3-4 and 4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal fluoroscopically guided lumbar epidural steroid injection left L3-4, L4-5:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of 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 injury in September 2013 and continued to be treated for radiating low back pain. When seen in April 2015 prior treatments had included medications, physical therapy, and an epidural steroid injection. Straight leg raising on the left was positive. Strength and sensation were normal and there were no asymmetric reflex responses. In follow-up on 06/10/13, prior test results were reviewed. An MRI of the lumbar spine had shown findings of multilevel disc protrusions with left lateralization at L2-3 and L3-4 and right lateralization at L4-5 and L5-S1. There was a slightly decreased left patellar reflex. In the therapeutic phase guidelines recommend that 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 approach used during that procedure is not documented and whether the requested two level transforaminal epidural steroid injection could be considered as a diagnostic injection cannot be determined. The requested lumbar epidural steroid injection is not medically necessary.