

Case Number:	CM15-0124231		
Date Assigned:	07/08/2015	Date of Injury:	04/01/2012
Decision Date:	08/05/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/29/2015

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 female who sustained an industrial injury on 4/1/12. Progress note dated 6/9/15 reports continued back pain. Symptoms are 50% in her back and 50% in her legs. She has had no relief from physical therapy. Bilateral L4-5 transforaminal injections helped for a short time. The injured worker's quality of life is being impacted. Diagnoses include: neck pain cervicalgia and spinal stenosis, lumbar region with neurogenic claudication. Plan of care includes: after discussion of several treatment options we have decided on epidural steroid injections, refilled baclofen and Norco, if no relief with injections she will likely require surgical intervention. Return for follow up on or around 7/26/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection at L4-L5 level: Upheld

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

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 April 2012 and continues to be treated for back and bilateral leg symptoms including a diagnosis of lumbar spinal stenosis. She underwent bilateral L. 405 transforaminal epidural steroid injections on 05/08/15. When seen, the injections had helped for only short period of time. Physical examination findings included normal strength with negative straight leg raising. An MRI of the lumbar spine in February 2013 included findings of multilevel mild to moderate foraminal narrowing. Authorization for another epidural injection was requested. The assessment references an L3-4 interlaminar injection but authorization for another L4-5 transforaminal epidural injection was submitted. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, although a second diagnostic injection could be considered, there are no documented physical examination findings that support a diagnosis of radiculopathy. The requested repeat epidural steroid injection therefore was not medically necessary.