

Case Number:	CM15-0125567		
Date Assigned:	07/10/2015	Date of Injury:	08/06/2014
Decision Date:	08/10/2015	UR Denial Date:	06/17/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 57 year old male patient who sustained an industrial injury on 08/06/2014. The accident was described as while working as a carpenter lifting a piece of wood he felt a stretching sensation in his low back. A primary treating office visit dated 06/09/2015 reported the patient with subjective complaint of having low back, left leg pain associated with numbness and tingling. He is status post left L4-5 epidural steroid injection on 01/15/2015, and on 04/2015 with noted excellent relief each time. The following diagnoses were applied: lumbosacral radiculitis and radiculopathy, and myofascial pain. He is prescribed returning to regular work duty. Previous treatment modality to include: chiropractic care, home exercise program, and over the counter medications. The patient did receive the third transforaminal epidural steroid injection on 04/23/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection, Left Lumbar L4-L5 Level, Qty 1: 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 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Transforaminal Epidural Steroid Injection, Left Lumbar L4-L5 Level, Qty 1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. In the therapeutic phase, repeat blocks 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. The MTUS states that current research does not support a series-of-three injections in either the diagnostic or therapeutic phase and recommends no more than 2 ESI injections. The documentation does not indicate that after the first injection 1/15/15 that the patient had a 6-8 week reduction in pain as the document dated 2/3/15 states that the patient received minimal pain relief from his injection the VAS was 8/10. Furthermore, the documentation does not indicate that after the first or second lumbar epidural injection that the patient had reduction in medication use for 6-8 weeks. Additionally, the MTUS does not support more than 2 epidural steroid injections. The request for a transforaminal lumbar epidural steroid injection is not medically necessary.