

Case Number:	CM15-0127682		
Date Assigned:	07/14/2015	Date of Injury:	07/15/2003
Decision Date:	08/10/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/02/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 45 year old male, who sustained an industrial injury on 7/15/2003. Diagnoses include extensive injuries to the right knee status post reconstruction, and disc injuries L3-4 and L4-5 with chronic back and radiating leg pain, left greater than right. Treatment to date has included surgical intervention (right knee) and conservative measures including trigger point injections, physical therapy and medications. Magnetic resonance imaging (MRI) (undated) was read by the evaluating provider as showing L3-4 and L4-5 disc abnormalities. There is a central disc protrusion at L4-5 that contacts but does not compress the nerve roots and some bilateral foraminal stenosis at L4-5 with no significant nerve root impingement. Per the Progress Report/Request for Authorization dated 5/14/2015, the injured worker reported for follow up of his persistent, worsening back pain and radiating left leg pain. Physical examination of the lumbar spine revealed a trigger point area as well as some swelling in the mid back region. He had a significant trigger point on the left side of the paraspinous muscle. The plan of care included, and authorization was requested for one left L4-5 transforaminal epidural steroid injection. There is no evidence in the medical records that a prior epidural has been completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Lumbar (L4-L5) Transforaminal Epidural Steroid Injection, as an outpatient:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46.

Decision rationale: MTUS Guidelines have very specific criteria to support a trial epidural injection. This individual meets the Guideline criteria as there is a clinical radicular syndrome that is consistent with MRI findings. There is no documentation of a prior injection. Under these circumstances, an initial epidural injection consisting of a Left Lumbar (L4-L5) Transforaminal Epidural Steroid Injection, as an outpatient is supported by Guidelines and is medically necessary.