

Case Number:	CM15-0129030		
Date Assigned:	07/15/2015	Date of Injury:	10/08/2008
Decision Date:	08/11/2015	UR Denial Date:	06/12/2015
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: 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 56 year old male who sustained an industrial injury on 10/08/08. Initial complaints and diagnoses are not available. Treatments to date include medications, right thumb and right knee surgery, and right cubital tunnel release. He also had 2 lumbar epidural steroid injections which were noted to not be helpful. Diagnostic studies are not addressed. Current complaints include bilateral knee and shoulder pain. Current diagnoses include thoracic sprain/strain, thoracic and lumbosacral disc injury, bilateral lumbosacral radiculopathy, anxiety, and depression. In a progress note dated 06/01/15 the treating provider reports the plan of care as continued medications and exercises. The requested treatment includes a L3-5 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3-4, L4-5 Transforaminal Epidural Steroid Injection, per 06/03/2015 QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic) Epidural steroid injections (ESIs), therapeutic.

Decision rationale: The claimant sustained a work-related injury in October 2008 and continues to be treated for low back pain with left lower extremity radicular symptoms. A two level transforaminal epidural steroid injection on 05/14/15 provided 20% pain improvement with less pain and numbness. The procedure report documents use of fluoroscopy and contrast with appropriate injectate flow. When seen, there was decreased lumbar range of motion. Straight leg raising was positive on the left. There was normal strength and sensation. He had an antalgic gait. Electrodiagnostic testing is referenced as positive for L5-S1 radiculopathy. An MRI of the lumbar spine in April 2015 included findings of multilevel disc bulging and mild to moderate foraminal encroachment without left lateralization. In terms of lumbar epidural steroid injections, guidelines recommend that, in the diagnostic phase, a maximum of two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block. A second block is also not indicated if the first block is accurately placed unless there is a question of the pain generator, there was possibility of inaccurate placement, or there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections. In this case, the claimant had only a 20% improvement after the first injection despite appropriate injection placement and medication flow. The same two level transforaminal epidural steroid injection approach is being requested which is not medically necessary.