

Case Number:	CM15-0177064		
Date Assigned:	09/17/2015	Date of Injury:	05/10/2012
Decision Date:	10/20/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/09/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 49 year old male, who sustained an industrial injury on 5-10-12. The injured worker is undergoing treatment for right knee pain and lumbar radiculitis. Medical records dated 6-30-15 indicate the injured worker complains of low back pain radiating down right leg with numbness and right knee pain. He rates the pain 5 out of 10 with medication on average and 10 out of 10 on average without medication and unchanged from last visit. He reports transforaminal epidural steroid injection on 2-24-15 provided 8 weeks of improvement. Physical exam dated 6-30-15 notes lumbosacral spasm, positive straight leg raise and painful decreased range of motion (ROM). An exam note dated 4-21-15 indicates 20-50% overall improvement after 2-24-15 transforaminal epidural steroid injection including functional improvement in bathing, cleaning, climbing stairs, sleeping and walking. Treatment to date has included transforaminal epidural steroid injection, medication, home exercise program (HEP) and lumbar magnetic resonance imaging (MRI) dated 12-23-14 indicates disc protrusion and disc bulge. The original utilization review dated 8-14-15 indicates the request for right transforaminal epidural steroid injection with fluoroscopy as outpatient is non-certified noting lack of documentation of objective functional gains and reduction in medication use after previous injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right transforaminal epidural injection with fluoroscopy, as an outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: In this case, the claimant does have radicular symptoms along with imaging that correlates. Prior ESI did provide substantial and sustained relief. The ESIs were requested at the L3-L5 level under fluoroscopy. The request meets the guidelines and is medically necessary.