

Case Number:	CM15-0177922		
Date Assigned:	09/28/2015	Date of Injury:	12/03/2009
Decision Date:	11/03/2015	UR Denial Date:	09/08/2015
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 41 year old male, who sustained an industrial injury on 12-3-2009. The medical records indicate that the injured worker is undergoing treatment for degenerative disc disease of the lumbar spine, lumbar disc displacement, lumbar radiculopathy, and post lumbar laminectomy syndrome. According to the progress report dated 7-29-2015, the injured worker presented with complaints of low back pain with radiation down his left leg. On a subjective pain scale, he rates his pain 7 out of 10 with medications and 9 out of 10 without. The physical examination of the lumbar spine reveals loss of lumbar lordosis, restricted range of motion, hypertonicity, spasm, tenderness, and tight muscle band around both sides of his surgical site, positive straight leg raise test on the left, and decreased sensation to light touch over the L2 through S1 dermatomes on the left. The current medications are Gabapentin, Cymbalta, Oxymorphone, and Oxycodone. Previous diagnostic studies include x-rays and MRI of the lumbar spine. Treatments to date include medication management, epidural steroid injection (2013), and surgical intervention. Work status is described as permanent and stationary. The original utilization review (9-8-2015) had non-certified a request for left transforaminal lumbar epidural injection at L4-5, L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Transforaminal Lumbar Epidural Injection at L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: According to the guidelines, a second ESI can be provided if after the 1st one there is documentation of 50% pain relief for 6-8 weeks. Although, the claimant has had an ESI in 2013 and currently has radicular symptoms, the amount and length of prior ESI benefit was not noted. As a result, the request for an additional ESI is not medically necessary.