

Case Number:	CM15-0072914		
Date Assigned:	04/23/2015	Date of Injury:	12/07/2010
Decision Date:	06/11/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/16/2015

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

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 51-year-old male, who sustained an industrial injury on 12/7/10. He reported back pain and bilateral leg pain. The injured worker was diagnosed as having multilevel degenerative disc disease and stenosis and bilateral lower extremity radiculopathy. Treatment to date has included 6 bilateral L4-5 transforaminal epidural steroid injections and oral medications. The injections were noted to be 75-85% effective. Currently, the injured worker complains of low back and sacral pain with numbness in the lateral thigh and lateral knee. The treating physician requested authorization for a transforaminal lumbar epidural steroid injection at the bilateral L4-5 levels under fluoroscopy, epidurography, and anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Epidural Steroid Injection at the bilateral L4-L5 levels under fluoroscopy, epidurography and anesthesia: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain affecting the low back which radiates into the bilateral legs. The current request is for Transforaminal Lumbar Epidural Steroid Injection at the bilateral L4-L5 levels under fluoroscopy, epidurography, and anesthesia. The treating physician documents that the patient has had a lumbar ESI performed on 4/5/12, 7/9/12, 1/10/13, 7/11/13, 3/27/14, 9/25/14 which provides 75-80% relief and enables the patient to perform ADLs. (21B) The treating physician MRI findings show disc protrusion at L4-5. The MTUS guidelines state, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). 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, with a general recommendation of no more than 4 blocks per region per year." In this case, the treating physician has documented that the patient suffers from radiculopathy, receives 75-80% relief from the injections lasting for at least 10+ weeks, is able to perform ADLs after the injections, and the patient has not had an injection in 2015. The current request is medically necessary and the recommendation is for authorization.