

Case Number:	CM15-0074489		
Date Assigned:	04/24/2015	Date of Injury:	12/01/2009
Decision Date:	05/28/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/20/2015

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, North Carolina
 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 31 year old male who sustained an industrial injury on 12/01/2009. Current diagnosis includes post laminectomy syndrome of the lumbar region. Previous treatments included medication management back brace, exercises, ice/heat, TENS unit, injections, manipulation, acupuncture, physical therapy, and surgery. Previous diagnostic studies include urine drug screening, lumbar x-rays, and an MRI of the lumbar spine. Report dated 03/30/2015 noted that the injured worker presented with complaints that included back and leg pain. Pain level was 3 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included discussing options for care which included recommendation for bilateral L5 transforaminal epidural injections. Disputed treatments include lumbar transforaminal epidural steroid injections x2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Transforaminal Epidural Steroid injections x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections Page(s): 46.

Decision rationale: Epidural steroid injections (ESI) are recommended by the CA MTUS as an option for treatment of radicular pain. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient must also be unresponsive to conservative treatment (exercises, NSAIDs, physical methods and muscle relaxants). The request is for lumbar transforaminal ESI x 2. This claimant has had no reported relief from previous cortisone/steroid injections. The imaging also shows no pathology consistent with radiculopathy at the L5 nerve root level. There is also no recent electrodiagnostic testing documenting radiculopathy. The request is deemed not medically necessary.