

Case Number:	CM15-0078218		
Date Assigned:	04/29/2015	Date of Injury:	02/15/2011
Decision Date:	06/01/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/23/2015

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

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 50 year old male injured worker suffered an industrial injury on 02/15/2011. The diagnoses included lumbar disc disease and spondylosis and lumbar radiculopathy. The diagnostics included lumbar magnetic resonance imaging and electromyographic studies. The injured worker had been treated with epidural steroid injections and home exercise program. On 12/22/2014 the treating provider reported back, right thigh and testicular pain. The lumbar spine was stiff with tenderness of the lumbar muscles and discs. The treatment plan included Epidural Steroid Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection Lumbar Spine right side L3-4 x 1 with fluoroscopy and monitored anesthesia: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: This patient presents with chronic low back pain that radiates down to the right side of his groin and testicle. The Request for Authorization is not provided in the medical file. The current request is for Transforaminal Epidural Steroid Injection Lumbar Spine Right Side L3-4 x1 with Fluoroscopy and monitored Anesthesia. Treatment history includes medications, physical therapy, ESI of the lumbar spine. The patient is currently working. The MTUS Guidelines has the following regarding ESI under its chronic pain section page 46 and 47, "recommended as an option for treatment for radicular pain defined as pain in the dermatome distribution with corroborated findings of radiculopathy". According to progress report 02/09/15, the patient had a LESI on 01/19/15 "with 50% pain relief". The patient requested a repeat injection "to gain further pain relief". Examination revealed pain on both sides of the L3-S1 region that radiated into the lower extremity and pain with lumbar extension. Motor strength was normal. The treating physician recommended a repeat injection to the right L3-4 to take place 4 weeks after the 01/19/15 injection. The medical file does not include any magnetic resonance imaging or electromyography studies. The patient had an ESI on 01/19/15 and on 02/09/15, the treating physician recommended a repeat injection stating that 50% relief was documented. In this case, the reported 50% relief was only for 3 weeks and MTUS guidelines only allow repeat injections with documentation of functional improvement and at least 50% pain relief of 6 to 8 weeks. The required documentation has not been provided to allow for a repeat injection. The requested epidural steroid injection is not medically necessary.