

Case Number:	CM15-0090794		
Date Assigned:	05/15/2015	Date of Injury:	06/09/2011
Decision Date:	06/16/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/12/2015

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: New Jersey, New York
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:

This 51 year old man sustained an industrial injury on 6/9/2011. The mechanism of injury is not detailed. Diagnoses include thoracic or lumbar spine neuritis or radiculitis, lumbar disc displacement without myelopathy, myalgia and myositis, and lumbosacral disc degeneration. Treatment has included oral and topical medications. Physician notes dated 2/19/2015 show complaints of low back and left lower extremity pain rated 7/10. Recommendations include LidoPro ointment, ice, heat, exercise, transforaminal epidural steroid injections, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4 left sided transforaminal epidural steroid injection Qty 1: Upheld

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

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

Decision rationale: The request for repeat ESI is not medically necessary according to MTUS guidelines. The patient had previous injection with some improvement. According to guidelines, there must be documentation of at least 50% pain relief for 6-8 weeks with reduction in medication usage and objective improvement in pain and functional capacity. There was no documentation to support improvement in function. No more than two nerve root levels should be injected using transforaminal blocks as per MTUS guidelines. Three levels were requested. Therefore, the request is considered not medically necessary.

L5 left sided transforaminal epidural steroid injection Qty 1: Upheld

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

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

Decision rationale: The request for repeat ESI is not medically necessary according to MTUS guidelines. The patient had previous injection with some improvement. According to guidelines, there must be documentation of at least 50% pain relief for 6-8 weeks with reduction in medication usage and objective improvement in pain and functional capacity. There was no documentation to support improvement in function. No more than two nerve root levels should be injected using transforaminal blocks as per MTUS guidelines. Three levels were requested. Therefore, the request is considered not medically necessary.

S1 left sided transforaminal epidural steroid injection Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Qty 1.

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

Decision rationale: The request for repeat ESI is not medically necessary according to MTUS guidelines. The patient had previous injection with some improvement. According to guidelines, there must be documentation of at least 50% pain relief for 6-8 weeks with reduction in medication usage and objective improvement in pain and functional capacity. There was no documentation to support improvement in function. No more than two nerve root levels should be injected using transforaminal blocks as per MTUS guidelines. Three levels were requested. Therefore, the request is considered not medically necessary.