

Case Number:	CM15-0098805		
Date Assigned:	06/01/2015	Date of Injury:	08/06/2012
Decision Date:	07/01/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/21/2015

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: Preventive Medicine, Occupational Medicine

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 61 year old female, who sustained an industrial injury on August 6, 2012. She reported headache, right shoulder, right arm, back and left leg pain following being hit by a car on the way to clock in to work. The injured worker was diagnosed as having lumbar herniated nucleus pulposus with left lower extremity radiculitis, cervical myoligamentous injury with associated cervicogenic headaches, post-concussive syndrome, reactionary depression and anxiety and medication induced gastritis. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, transforaminal epidural injections, cognitive behavioral therapy, psychotherapy, medications and work restrictions. Currently, the injured worker complains of neck pain radiating to bilateral shoulders and down the upper extremities, worse on the right than the left, cervicogenic headaches, low back pain and left lower extremity pain and radicular symptoms, anxiety, insomnia and depression. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. It was noted she was treated with psychotropic medications with no improvement in mood. She reported she felt depressed and reported one episode of major depression in which she could not leave the bed. She noted difficulty with activities of daily living and unintentional weight loss. She reported being unable to get meaningful sleep and a severely reduced sexual drive. Evaluation on February 6, 2015, revealed continued pain as noted with associated symptoms. She reported up to 50-60% improvement in back pain with previous lumbar epidural steroid injections. She also noted some improvement with previous physical

therapy however she was noted to continue to have significant depression. A lumbar transforaminal epidural steroid injection was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal epidural steroid injection left L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.26, Page 46.

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. 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. The medical record does contain documentation of radiculopathy which is corroborated by imaging studies and of significant relief from a previous injection. I am reversing the previous utilization review decision. Lumbar transforaminal epidural steroid injection left L5-S1 is medically necessary.