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| Case Number: | CM14-0057454 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 06/16/2011 |
| Decision Date: | 09/03/2014 | UR Denial Date: | 04/22/2014 |
| Priority: | Standard | Application Received: | 04/29/2014 |

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in North Carolina. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59-year-old with a reported date of injury of 06/16/2011. The patient has the diagnoses of degeneration of the lumbar or lumbosacral intervertebral disc, sciatica, lumbago and thoracic or lumbosacral neuritis/radiculitis. Per the progress notes by the primary treating physician dated 03/25/2014, the patient had complaints of increasing low back pain rated a 7-8/10 which is described as constant and radiating to the right leg. The physical exam noted restricted range of motion in the lumbar spine, tenderness to palpation of the lumbar facet joints, positive straight leg test on the right with sensory perception intact to soft touch in the right lower extremity. Treatment recommendations included a request for bilateral L5/S1 transforaminal epidural injections and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar 5 - Sacral 1 Transforaminal Epidural Steroid Injections (ESI): Upheld

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

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections, Page 46. The Expert Reviewer's decision rationale: The provided documentation from the treating physician does not show established radiculopathy by physical examination findings or corroboration by imaging studies/electrodiagnostic testing. Therefore the request does not meet the guidelines is considered not medically necessary.