

Case Number:	CM15-0001826		
Date Assigned:	01/12/2015	Date of Injury:	07/09/2010
Decision Date:	03/09/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	01/05/2015

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, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 41 year old male who sustained an industrial related injury on 7/9/10. A physician's report dated 11/25/14 noted the injured worker had chronic pain in the lower back with radiation down the bilateral legs to the feet. Pain on the top of the right hand and left shoulder was also noted. Physical examination findings included decreased range of motion of the lumbar spine secondary to pain. Lumbar tenderness and paraspinal muscle spasming was also noted. Sensation was intact over all dermatomes of the lower extremities. The injured worker was taking Naprosyn, Fexmed, Neurontin, and Prilosec. The physician recommended an epidural steroid injection bilaterally at L5-S1. On 12/1/14 the request for a bilateral L5-S1 transforaminal epidural steroid injection was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule and Official Disability Guidelines. The utilization review physician noted radiculopathy must be documented by physical examination and corroborate by imaging studies and/or electrodiagnostic testing. Repeat blocks should be based on continued objective documented pain and functional improvement pain relief with associated reduction of medication use for 6-8 weeks. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 transforaminal ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Epidural Steroid Injection

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, documentation does not contain objective findings on examination of recent electrodiagnostic study to support the presence of radiculopathy.