

<b>Case Number:</b>	CM15-0001916		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	09/28/2012
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 injured worker is a 47-year-old female who reported an injury on 09/28/2012. The mechanism of injury was not stated. The current diagnosis is thoracic or lumbosacral radiculitis. The injured worker presented on 11/19/2014 with complaints of persistent lower back pain with radiation into the right lower extremity. It is noted that the injured worker experienced an exacerbation of symptoms after a fall. Upon examination, a seated straight leg raise on the right reproduced leg pain below the knee less than 90 degrees, gait was antalgic gait, muscle tone was normal, lateral flexion was 35 degrees, and range of motion of the lumbar spine was full. Recommendations included continuation of the current medication regimen of Motrin 800 mg and Soma 350 mg. A right transforaminal epidural steroid injection at L5-S1 under anesthesia was also recommended. A Request for Authorization form was then submitted on 11/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right TF ESI L5-S1 under sedation (to be done at [REDACTED]): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

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

**Decision rationale:** The California MTUS Guidelines recommend epidural steroid injection as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there was no objective evidence of radiculopathy upon examination. There were no imaging studies or electrodiagnostic reports submitted for review. There was no mention of a recent attempt at any conservative treatment. There was no mention of severe anxiety or a fear of needles that would support the necessity for sedation. Given the above, the request is not medically appropriate.

**Pre-operative medical clearance (with [REDACTED]) prior to injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the injured worker's invasive procedure has not been authorized, the associated request is also not medically necessary.

**Physical therapy; 12 sessions (2x6) with [REDACTED]:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the injured worker's invasive procedure has not been authorized, the associated request is also not medically necessary.