

Case Number:	CM15-0002917		
Date Assigned:	01/13/2015	Date of Injury:	10/28/2013
Decision Date:	03/23/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/07/2015

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, Arizona

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 male who reported an injury on 10/28/2013. The mechanism of injury involved a forklift accident. The current diagnoses include degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, sciatica, lumbago, and muscle spasm. The injured worker presented on 11/20/2014 with complaints of persistent low back pain. The injured worker has been previously treated with physical therapy and home exercise. Upon examination, there was limited flexion to 45 degrees due to moderate low back pain, limited extension to 15 degrees due to facet loading pain, tenderness to palpation, positive straight leg raise on the left at 30 degrees, spasm, 5-/5 motor strength in the left lower extremity, and intact sensation. Recommendations included a left L4-5 and L5-S1 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection, Left L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, and Epidural Steroid Injections (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. While it is noted that the injured worker has been previously treated with physical therapy and home exercise, there were no imaging studies or electrodiagnostic reports submitted to corroborate a diagnosis of radiculopathy. Given the above, the request is not medically appropriate.