

Case Number:	CM15-0005022		
Date Assigned:	01/16/2015	Date of Injury:	05/13/2008
Decision Date:	03/18/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/09/2015

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 53 year old male who sustained an industrial injury on 11/13/2008. He has reported low back and neck pain. The diagnoses have included lumbar radiculitis, neck sprain, depression and headaches. Treatment to date has included acupuncture, home health, aquatic therapy and medication management. All prior treatment modalities utilized were not provided for review. Magnetic resonance images from 6/26/2014 showed lumbar 3-4 and 4-5 disc bulging. Currently, the IW complains of low back pain that radiates to bilateral lower extremities. Treatment plan included bilateral lumbar 4-5 transforaminal epidural injection. On 12/10/2014, Utilization Review non-certified a bilateral lumbar 4-5 transforaminal epidural injection, noting the lack of conservative measures documented. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 Transforaminal Epidural Injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines ESI's.

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

Decision rationale: MTUS Guidelines have very specific clinical criteria to qualify for epidural injections. This individual meets this criterion as he has had and apparently failed conservative care for 7 years and he has a clinically documented radiculopathy that corresponds with imaging studies. Under these circumstances, the request for the bilateral lumbar 4-5 transforaminal epidural injections is consistent with Guidelines and is medically necessary.