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| Case Number: | CM15-0008414 | | |
| Date Assigned: | 01/23/2015 | Date of Injury: | 04/30/2013 |
| Decision Date: | 03/13/2015 | UR Denial Date: | 12/16/2014 |
| Priority: | Standard | Application Received: | 01/14/2015 |

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: Texas, Illinois

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 39 year old male, who sustained an industrial injury on April 30, 2013, while lifting cases loaded with chickens. The diagnoses have included right groin pain, thoracic spin strain, bilateral inguinal hernias, lumbar focal spinal stenosis, lumbar disc protrusion at L5-S1, bilateral trapezial trigger points, multi-level cervical degenerative disc disease, thoracic degenerative disc disease in mid-thoracic area with associated arthropathy, lumbar degenerative disc disease at L4-L5 and L5-S1, and lumbar facet syndrome and right leg L5 radicular symptoms . Treatment to date has included bilateral inguinal hernia repairs in July 2013, physical therapy, and medications. Currently, the injured worker complains of flare-up of low back pain, radiating into the right leg, nervousness, and heart palpitations. Physical examination was noted to show focal tenderness, right greater than left, over the L3-L4, L4-L5, and L5-S1 posterior spinous processes and paraspinous muscles The Primary Treating Physician's orthopedic report dated December 2, 2014, noted a lumbar spine MRI dated November 6, 2014, showing a degenerative disc at the L5-S1 level. On December 16, 2014, Utilization Review non-certified a transforaminal epidural steroid injection, noting that due to lack of evidence suggestive of lumbar radiculopathy, medical necessity could not be established. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On January 14, 2015, the injured worker submitted an application for IMR for review of a 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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: The injured worker sustained a work related injury on April 30, 2013. The medical records provided indicate the diagnosis of right groin pain, thoracic spin strain, bilateral inguinal hernias, lumbar focal spinal stenosis, lumbar disc protrusion at L5-S1, bilateral trapezial trigger points, multi-level cervical degenerative disc disease, thoracic degenerative disc disease in mid-thoracic area with associated arthropathy, lumbar degenerative disc disease at L4-L5 and L5-S1, and lumbar facet syndrome and right leg L5 radicular symptoms . Treatment to date has included bilateral inguinal hernia repairs in July 2013, physical therapy, and medications. The medical records provided for review do not indicate a medical necessity for Transforaminal Epidural Steroid Injection. The MTUS recommends recommendation for Epidural steroid injection states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing;) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).Neither the physical examination(the straight leg raise was reported as postitive at 70 degrees and 80 degrees with pain down to the buttocks; instead of straight leg raise within 30-70 degress with pain going down below the knee), nor MRI is indicative of radiculopathy.