

Case Number:	CM15-0008544		
Date Assigned:	01/26/2015	Date of Injury:	10/10/2012
Decision Date:	03/24/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male injured worker suffered and industrial injury on 10/10/2012. The diagnoses were thoracic/lumbosacral neuritis, acquired spondylolisthesis, lumbar intervertebral disc disease with myelopathy, and peripheral neuritis. The diagnostics were computerized tomography and x-rays. The treatments were medications, physical therapy, lumbar sacral fusion, and home exercise program. The treating provider reported left calf pain and lumbosacral pain at 6/10 that worsened early in the morning and with walking. The exam revealed left sided weakness in the peroneal and post tibial region. The Utilization Review Determination on 12/18/2014 non-certified lumbar/sacral spine injection, citing MTUS Chronic Pain Treatment Guidelines, epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Sided Transforaminal Epidural Steroid Injections at L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant is status post work-related injury occurring in October 2012 with treatments including a lumbar fusion on 09/17/13. A CT scan of the lumbar spine on 09/07/14 was negative for neural compromise. The requesting provider documents left lower extremity weakness and the claimant as having left calf pain. Criteria for consideration of an epidural steroid injection include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there were no findings of neural compromise on the CT scan that was done prior to surgery and no corroboration by imaging or electrodiagnostic testing of the presence of radiculopathy. Therefore the requested epidural steroid injection is not medically necessary.