

Case Number:	CM15-0102255		
Date Assigned:	06/04/2015	Date of Injury:	02/25/2015
Decision Date:	07/10/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/27/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 33 year old female, who sustained an industrial injury on 2/25/2015. The current diagnoses are bilateral low back pain, right-sided sciatica, and chronic right sacroiliac joint pain. According to the progress report dated 4/8/2015, the injured worker complains of right-sided low back pain with radiation into the right buttock and hip region. She has numbness and tingling in both legs with associated weakness. The level of pain is not rated. The physical examination reveals pain along the right sacroiliac joint and pain with right posterior compression test. The current medications are Naprosyn and Aleve gel. Treatment to date has included medication management, heat, MRI studies, physical therapy, chiropractic, acupuncture, and electrodiagnostic testing. MRI shows L4-5 herniated disc, mild in size. The plan of care includes right lumbar transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar transforaminal epidural steroid injection: Upheld

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

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

Decision rationale: CA MTUS recommends epidural steroid injections (ESI) as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the records do not document a dermatomal distribution of pain. The neurologic exam is reported as normal, with subjective complaints in both legs. There are no exam findings of any neurologic deficits following a dermatomal or specific radicular pattern. Clinical evidence of radiculopathy is equivocal at best. There are no EMG studies to corroborate radiculopathy. Therefore the request is not medically necessary.