

Case Number:	CM15-0105164		
Date Assigned:	06/09/2015	Date of Injury:	09/09/2014
Decision Date:	07/10/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/01/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 34 year old female patient who sustained an industrial injury on 09/09/2014. The patient underwent a magnetic resonance imaging scan of the lumbar spine on 04/27/2015 that revealed large left paracentral disc protrusion with compression of the thecal sac and left L5 nerve root, and moderate posterior disc protrusion at L5-S1. Physical examination performed on 04/30/2015 showed weakness in the gastroc, left side, as well as some diminished reflexes at the Achilles on the left which is consistent with the working diagnosis of left lumbar radiculopathy. There is strong recommendation for the patient to receive transforaminal steroid injections at L5-S1. There is subjective complaint of lumbar pain and stiffness with spasm. There is also bilateral leg pain and weakness. The lumbar spine showed objective assessment with spasm and tenderness to palpation. She is to remain on modified work duty. A secondary treating visit dated 02/05/2015 showed the patient with subjective complaint of with continued mild improvement. The medications as well as the physical therapy are helping to provide improved pain levels and function with increased range of motion and overall sense of comfort. By 03/12/2015 the patient was only taking Naprosyn treating the pain. The impression found the patient with lumbar strain with recommendation to undergo spinal manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal ESI Fluoroscopic Guidance Left L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. Therefore, the request for Transforaminal ESI Fluoroscopic Guidance Left L5-S1 is not medically necessary.