

Case Number:	CM15-0107420		
Date Assigned:	06/11/2015	Date of Injury:	10/16/2014
Decision Date:	07/16/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/03/2015

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 50-year-old male, who sustained an industrial injury on 10/16/2014. Diagnoses include low back pain, L5/S1 radiculopathy, L4-5 herniated nucleus pulposus, L5-S1 spondylosis with isthmic spondylolisthesis foraminal narrowing and spinal stenosis. Treatment to date has included medications including NSAIDs, 12 sessions of land physical therapy, and work restrictions. Lumbar spine magnetic resonance imaging (MRI) dated 12/11/2014 was read by the evaluating provider as L4-5 herniated nucleus pulposus, L5-S1 spondylosis with ischemic spondylolisthesis, foraminal narrowing and spinal stenosis. Per the Primary Treating Physician's Progress Report dated 1/14/2015, the injured worker reported low back pain rated as 4/10 on a visual analog scale. There was radiation down the lateral aspect of the left leg to the foot and the anterior tibialis to the ankle. Physical examination revealed axial back pain with radiation to posterior aspect of the calf, the lateral border of the foot and the little toe on the left. The finding is consistent with S1 radiculopathy. The plan of care included aquatic therapy and injections and authorization was requested for left L5 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5 transforaminal epidural steroid injection: Upheld

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

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

Decision rationale: MTUS Guidelines recommend ESI as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic studies. In this case, no evidence of radiculopathy has been submitted. Physical exam does not confirm a dermatomal distribution and there are no significant neurologic findings on exam. No MRI or EMG results are available. Therefore, this request is not medically necessary due to lack of information.