

Case Number:	CM15-0017654		
Date Assigned:	02/05/2015	Date of Injury:	03/29/2011
Decision Date:	04/07/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/29/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 injured worker is a 57 year old female, who sustained an industrial injury on 03/29/2011. She has reported low back pain and right upper extremity pain. The diagnoses have included cervical disc degeneration, lumbosacral neuritis, lumbago, lumbar disc displacement, and chronic pain syndrome. Treatment to date has included medications, chiropractic sessions, and home exercise program. Medications have included Tramadol, Hydrocodone-Acetaminophen, Naproxen Sodium, and Protonix. Currently, the IW complains of lower back pain and right upper extremity pain which is described as aching and sharp; pain is rated at 8/10 on the visual analog scale; and pain radiates to the right shoulder, right arm, right forearm, and right hand. A progress note from the treating physician, dated 12/05/2014, reported objective findings to include restricted lumbar range of motion; tenderness to the spinous process at L3, L4, and L5; and lumbar facet loading is positive on the right side. The treatment plan included a prescription for Lunesta; and request for right-sided transforaminal epiduralsteroid injection. On 01/21/2015 Utilization Review noncertified a prescription for a Right-sided L4-L5 Transforaminal Lumbar Epidural Steroid Injection. The CA MTUS was cited. On 01/29/2015, the injured worker submitted an application for IMR for review of a Right-sided L4-L5 Transforaminal Lumbar Epidural Steroid Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sided L4-L5 and L5S1 Tranforaminal Lumbar Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26; MTUS (Effective July 18, 2009) Page(s): 46 of 127.

Decision rationale: The California MTUS guidelines indicates that the criteria for epidural steroid injections includes the presence of a radiculopathy that is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. While the injured employee does have a complaint of right lower extremity radicular symptoms and there are EMG to indicate a right-sided L5 and S1 radiculopathy. There are no specific physical examination findings of a neuropathy at this level nor at L4 - L5. Without corroboration between objective studies, subjective symptoms, and physical examination findings, this request for L4 - L5 and L5 - S1 transforaminal lumbar epidural steroid injections are not medically necessary.