

Case Number:	CM15-0019287		
Date Assigned:	02/09/2015	Date of Injury:	09/01/2003
Decision Date:	04/03/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/03/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old male who reported an injury on 09/01/2003. His mechanism of injury was not included. His diagnoses included herniated disc, low back pain, and sciatica. His medications included Voltaren, Ultram, and Lyrica. The progress report dated 01/30/2015 documented the injured worker had complaint of pain that he rated at a 9/10, stating it was sharp and shooting, and usually occurring both day and night. On physical exam, it was noted he had tenderness to palpation with palpation at L5, myofascial spasms are present. Diminished Achilles deep tendon reflexes bilaterally at 2/4. His last physical therapy visit was documented on 12/02/2014 with a recommendation of more visits, 3 times a week for 3 weeks. The physical therapy progress note dated 12/02/2014 documented the injured worker reported feeling 50% recovered. He had improvement in range of motion, flexibility, and postural awareness. A specialist has recommended more physical therapy instead of surgery. His treatments have included physical therapy, work modification, pain medication, interferential electrical stimulation, biofeedback, and cryotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L6-S1 Transforaminal Epidural Steroid Injection with Fluoroscopic Guidance #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPSIs. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request for Bilateral L5-S1 Transforaminal Epidural Steroid Injection with Fluoroscopic Guidance #2 is not medically necessary. The California MTUS guidelines state the criteria for the use of Epidural steroid injections include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. There is a lack of documentation regarding failure of conservative treatment. There is no documented plateau in physical therapy, in fact physical therapy was recommended to continue instead of surgery. Therefore, the request for bilateral L5-S1 transforaminal epidural steroid injection with fluoroscopic guidance #2 is not medically necessary.