

Case Number:	CM15-0130578		
Date Assigned:	07/17/2015	Date of Injury:	10/14/2013
Decision Date:	08/13/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/07/2015

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 35 year old female, who sustained an industrial injury on 10/14/13. Initial complaint was of a back injury. The injured worker was diagnosed as having lumbar HNP L5-S1 and L4-L5; left greater than right radiculopathy; cervical spine HNP. Treatment to date has included chiropractic therapy; physical therapy; TENS unit; acupuncture; urine drug screening; medications. Diagnostics studies included MRI lumbar spine (6/23/14). Currently, the PR-2 notes dated 6/3/15 are hand written and difficult to decipher. The notes indicate the injured worker complains of continued neck and low back pain. He rates this pain as 4/10 for neck pain and 6/10 for low back and bilateral leg pain. Objective findings are marked by this provider as cervical and lumbar tender to palpation with decreased range of motion with decreased sensation at left L1 and S1. His straight leg raise testing is positive on the left. There is cervical spine reduced sensation to light touch and pinprick of the left arm in the dermatome of the C6-7. She has not had any surgical intervention for her diagnoses. The provider is requesting authorization of left transforaminal injection at L5 x3 under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left transforaminal injection at level L5 x 3 under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs); Trigger point injections Page(s): 46, 122.

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 despite a positive MRI at L4-5 level. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, the request for Left transforaminal injection at level L5 x 3 under fluoroscopic guidance is not medically necessary.