

Case Number:	CM15-0142612		
Date Assigned:	08/06/2015	Date of Injury:	01/27/2015
Decision Date:	09/09/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/22/2015

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

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 62 year old male who sustained an industrial injury on 1-27-15. He had complaints of neck, right shoulder, right upper extremity to fingers and back pain along with right lower extremity with radiation to right upper and lower extremity to fingers and toes with tingling and numbness. Diagnostic studies include: x-ray, EMG and MRI. Elector diagnostic studies dated 6/29/15 have been negative for lumbar radiculopathy. Progress report dated 7-1-15 reports continued complaints of pain rated 7-8 out of 10. The pain is described as tingling, numbness, pinprick and tightness. The pain is aggravated by cold weather, nighttime and work. The pain is relieved by medication and massage. Diagnoses include: lumbar disc with radiculitis, cervical radiculopathy, neck pain, back pan and facet arthropathy syndrome. Plan of care includes: encourage staying active, medication counseling, recommending lumbar transforaminal epidural injections at L3, 4 levels under fluoroscopic guidance. Work status: totally temporarily disabled. Follow up in 6 weeks or 2 weeks after first injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar Transforaminal Epidural Steroid Injections L3-L4 followed by a left lumbar transforaminal epidural steroid injection L3-L4 two weeks later: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45-46.

Decision rationale: According to the MTUS guidelines, in order to proceed with epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the medical records note that the injured worker underwent electrodiagnostic studies on 6/29/15 at which time there was no evidence of lumbar radiculopathy. In the absence of documented radiculopathy, the request for epidural steroid injections is not supported. The request for Right Lumbar Transforaminal Epidural Steroid Injections L3-L4 followed by a left lumbar transforaminal epidural steroid injection L3-L4 two weeks later is not medically necessary and appropriate.