

Case Number:	CM15-0144337		
Date Assigned:	08/05/2015	Date of Injury:	07/08/2013
Decision Date:	09/01/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/24/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 49-year-old male who sustained an industrial injury on 07-08-13. His diagnoses include left hip degenerative joint disease, and left knee degenerative joint disease status post arthroscopy. Diagnostic testing and treatment to date has included radiographic imaging, physical therapy, left hip injection, TENS unit, and pain medication management. Currently, the injured worker reports he is feeling worse, with low back pain, and increased pain with weakness into his left leg. The pain is constant and stabbing located in the center of his back and radiates into the left hip and toward the groin. His lumbar corset does not help. Physical examination is remarkable for a markedly antalgic gait. He has tenderness upon palpation to the lumbar spine and in the left lumbar paraspinal muscles. Physician review of MRI showed a large left L3-4 herniated disc, and L5-S1 herniated disc causing left S1 compression. Requested treatments include left transforaminal epidural steroid injection at L3-4 and S1-2. The injured worker is under temporary partial disability. Date of Utilization Review: 07-17-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left transforaminal epidural steroid injection at L3-4 and S1-2: Upheld

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

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

Decision rationale: Left transforaminal epidural steroid injection at L3-4 and S1-2 is not medically necessary per the MTUS Guidelines. The MTUS states that for epidural steroid injections radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation indicates that the MRI of the lumbar spine from 8/5/13 reveals a large left disc extrusion at L3-4 with severe foraminal stenosis, however the documentation states that the imaging report states that there is no additional significant stenosis. The provider adds that upon his own review there is also left S1 compression. Without actual objective imaging studies and given a negative electrodiagnostic report it is not possible to corroborate findings of a radiculopathy in the proposed level of injections therefore the request for a left transforaminal epidural steroid injection at L3-4 and S1-S2 is not medically necessary.