MAXIMUS Federal Services

Case Number:	CM15-0181141		
Date Assigned:	09/22/2015	Date of Injury:	01/17/2003
Decision Date:	10/28/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/14/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This injured worker is a 58 year old female who reported an industrial injury on 1-17-2003. Her diagnoses, and or impressions, were noted to include: lumbar inter-vertebral disc disorder with myelopathy; chronic pain syndrome; drug dependence, opioid type; encounter for therapeutic drug monitoring. Recent toxicology studies were noted on 8-25-2015; no current imaging studies were noted. Her treatments were noted to include: diagnostic imaging studies; surgery; injection therapy; physical therapy; medication management with history of abuse and dismissal from pain management care, and with agreement and toxicology studies with new pain management physician. The pain management progress notes of 8-25-2015 noted an initial evaluation to establish this injured worker for pain medicine services for chronic and acute-sub- acute pain; spine, joint and limb complaints and pain. The objective findings were noted to include: no acute distress; normal gait; minimal bilateral sacroiliac tenderness; and a lumbar assessment with no abnormalities noted. The physician's requests for treatment were not noted to include right lumbar and lumbosacral trans-foraminal epidural steroid injections. The Request for Authorization for right lumbar and lumbosacral trans-foraminal epidural steroid injections was not noted in the medical records provided. The Utilization Review of 9-3-2015 non- certified the request for right lumbar and lumbosacral trans-foraminal epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 and L5-S1 Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The claimant was injured in 2003, now 12 years ago, with a reported lumbar intervertebral disc disorder with myelopathy; chronic pain syndrome; and opiate drug dependence. As of 8-25-2015, there was no acute distress; a normal gait; minimal bilateral sacroiliac tenderness; and a lumbar assessment with no abnormalities noted. No true radiculopathy, imaging evidence of disc herniation, or objective neurologic exam correlating with an imaged radiculopathy source, was noted in the records. The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. The request appears appropriately non-certified based on the above and is not medically necessary.