

Case Number:	CM15-0185546		
Date Assigned:	09/28/2015	Date of Injury:	12/01/2014
Decision Date:	11/03/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/22/2015

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: Arizona, 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 33 year old male who sustained an industrial injury on 12-01-2014. A review of the medical records indicated that the injured worker is undergoing treatment for the lower back. According to the treating physician's progress report on 08-18-2015, the injured worker continues to experience tightness in the lower back and pain with bending or rotating and radiation towards his legs with reported slight weakness on the right. Examination demonstrated "severe low back pain with myospasm and myalgia and positive signs for radiculopathy including sciatic tenderness, positive straight leg raise and Lasegue's bilaterally". The injured worker ambulates with a limp and an antalgic gait favoring the right side. Recent diagnostic testing noted a lumbar spine magnetic resonance imaging (MRI) on 07-13-2015. Prior treatments included physical therapy, acupuncture therapy and medications. Current medications were listed as Ibuprofen and Flexeril. Treatment plan consists of Norco 10mg-325mg, continuing other medications, trigger point injection in 2 weeks at the clinic and the current request for authorization for transforaminal epidural steroid injection (ESI) at L4-5 and L5-S1. The Utilization Review modified the request for transforaminal epidural steroid injection (ESI) at L4-5 and L5-S1 to transforaminal epidural steroid injection (ESI) on the L4-5 only on 09-01-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5, L5-S1 Transforaminal Epidural Steroid Injection: Overturned

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: According to the guidelines, the claimant should have evidence of radiculopathy on imaging and exam as well as failed conservative management to allow for lumbar ESI. In this case, the claimant did have nerve root contact at L4-S1. There was decreased sensation in the respective dermatomes and a positive straight leg raise. The request for the ESI is appropriate and therefore is medically necessary.