

Case Number:	CM15-0185547		
Date Assigned:	09/25/2015	Date of Injury:	06/04/2003
Decision Date:	11/02/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/21/2015

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 56-year-old female who sustained an industrial injury on 6-4-03. The injured worker reported pain in the back and lower extremity. A review of the medical records indicates that the injured worker is undergoing treatments for failed back surgery syndrome and left lower extremity radiculitis. Treatment has included Percocet since at least November of 2014, exercise, status post spinal cord stimulator (9-12-11), Norco since at least November of 2014, Xanax since at least November of 2014 and Flexeril since at least April of 2015. Objective findings dated 4-14-15 were notable for antalgic gait, lumbar spine with palpable muscle spasms, and tenderness over the sacrum and bitemporal temporalis muscles. The original utilization review (9-1-15) denied a request for left lumbar transforaminal epidural steroid injection at L5-S1 and S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar transforaminal epidural steroid injection at L5-S1 and S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the guidelines, ESIs require the claimant have radiculopathy confirmed by imaging/diagnostics and physical exam. The clinical notes provided do not substantiate a diagnosis of radiculopathy. In addition, the ACOEM guidelines recommend against invasive procedures such as ESI due to their short-term benefit. The request is not medically necessary.