

Case Number:	CM15-0199026		
Date Assigned:	10/16/2015	Date of Injury:	10/01/2007
Decision Date:	11/24/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/09/2015

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 48 year old female who sustained an industrial injury on 10-1-07. The injured worker reported pain in the low back with radiation to the right lower extremity. A review of the medical records indicates that the injured worker is undergoing treatments for right sided herniated nucleus pulposus, right lumbar radiculopathy and lumbar facet syndrome. Medical records dated 8-17-15 indicate pain rated at 8 out of 10. Treatment has included lumbar spine computed tomography (2-27-14), lumbar spine magnetic resonance imaging (1-17-12), electrodiagnostic studies (3-1-13), injection therapy, Gabapentin, medial branch blocks, and Ketoprofen cream. Objective findings dated 8-17-15 were notable for decreased lumbar range of motion in all planes with pain upon extension, decreased sensation to the right L4 - L5 dermatomes, facet loading test positive bilaterally in the lumbar region with tenderness to palpation bilaterally at L3-L4 facets. The original utilization review (9-3-15) denied a request for 1 Right Transforaminal Epidural Steroid Injection at L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

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

Decision rationale: According to the guidelines, ESIs provide short-term benefit. It is recommended for those with radiculopathy confirmed by exam and diagnostics. In this case, the claimant has received numerous ESIs since 2008 and had continued radiculopathy after lumbar fusion in 2009. The request for additional ESIs is not recommended since the claimant continues to have relapsing pain despite numerous interventions. Therefore, the requested treatment is not medically necessary.