

Case Number:	CM15-0199959		
Date Assigned:	10/15/2015	Date of Injury:	03/26/2015
Decision Date:	11/24/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/12/2015

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 45-year-old male, who sustained an industrial injury on March 26, 2015. He reported a pull in his back with the severe onset of lumbar pain with radiation into his right lower extremity. The injured worker was currently diagnosed as having herniated nucleus pulposus with radiculopathy. Treatment to date has included diagnostic studies, injection and medication. On May 7, 2015, MRI revealed annular tear with right paracentral disk protrusion at L5-S1 impinging on the S1 nerve root, mild disk bulges at L3-L4 with left foraminal narrowing and at L4-L5 and mild facet arthropathy at L4-L5 and L5-S1. On September 14, 2015, the injured worker complained of moderate to severe back pain rated an 8 on a 1-10 pain scale. He also complained of associated numbness in his right leg with some weakness. His symptoms were recently reported to be 50% in his back and 50% in his legs. He reported pain with sitting and standing as well as pain at night. A recent epidural steroid injection was noted to help him "moderately." The treatment plan included a right L5-S1 epidural injection-transforaminal nerve root block, lumbar spine physiotherapy, core stabilization exercises and a follow-up visit. On September 30, 2015, utilization review denied a request for right L5-S1 epidural injection-transforaminal nerve root block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 Epidural injection/Transforaminal nerve root block: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation AMA Guides, Radiculopathy and on the Non-MTUS Official Disability Guidelines (ODG), Low Back Chapter.

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

Decision rationale: According to the guidelines, an ESI is recommended in those with radiculopathy. In this case, the claimant's recent exam does not demonstrate radiculopathy. In addition, there was only a 20-30% improvement with the prior ESI. The guidelines recommend greater than 50% improvement before another ESI is provided. The request for an addition ESI is not medically necessary.