

Case Number:	CM15-0200097		
Date Assigned:	10/15/2015	Date of Injury:	01/07/2008
Decision Date:	12/01/2015	UR Denial Date:	09/22/2015
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: California, North Carolina
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 an 80 year old male, who sustained an industrial injury on 1-7-2008. Diagnoses include lumbar facet syndrome, lumbar radiculitis, lumbar stenosis, and mononeuritis of leg. Treatments to date include activity modification, medication therapy, physical therapy, and a lumbar epidural injection noted to have provided greater than 50% relief. On 9-14-15, he complained of ongoing low back pain rated 7 out of 10 VAS with radiation down the left leg and associated with numbness. The physical examination documented positive facet loading test and a positive straight leg raise test on the right side. A lumbar spine MRI dated 8-4-15, reported multilevel central stenosis, neural foraminal and lateral recess stenosis, degenerative disc disease, degenerative facet disease, and evidence of previous laminectomy and microdiscectomy. The plan of care included a therapeutic injection. The appeal requested authorization for one transforaminal epidural steroid injection at L4 level. The Utilization Review dated 9-22-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection at L4: 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: ESI are recommended for treatment of radicular pain with the purpose of reducing pain and inflammation, restoring range of motion, facilitating an active treatment program and avoiding surgery. ESI do not offer any long-term functional benefit. In this case, radiculopathy is not documented by physical exam and corroborated by special studies. There is also no clear documentation of active rehabilitation over the past year prior to this current request for ESI. No other conservative measures, other than oral medications, have been documented. Therefore, the request is not medically necessary or appropriate.