

Case Number:	CM15-0205048		
Date Assigned:	10/22/2015	Date of Injury:	11/07/2014
Decision Date:	12/10/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/19/2015

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 a 25 year old male who sustained an industrial injury on November 07, 2014. The worker is being treated for: lumbosacral impairment bilaterally, left side greater; piriformis syndrome, and pain; right cubital tunnel syndrome and possible left; closed head injury, cervical strain with radiculopathy. Subjective: March 19, 2015, he reports complaints of low back pain mostly on the left side. He states "currently not taking medications, last time noted 6 months previous." He states that "overall symptoms are better." He does have difficulty sleeping at times and wakes up regularly two to three times a night. There is also noted "bouts of depression, stress and anxiety." April 09, 2015, states therapy was approved, still waiting for pain consult and still attending neuropsychological testing. He reports "legs have been giving out and he has fallen twice." There is also report of left hand now symptomatic. June 10, 2015, "constant pain in the back and both knees, as well as pain in the upper back." Objective: March 19, 2015, reports no difficulty with personal hygiene care, communication, and sensory function but reports difficulty with: standing, sitting, reclining, walking, climbing stairs, running, jumping, pivoting, lifting, and bending. He occasionally wakes up with pain. April 09, 2015, A Tinel's sign noted positive at the right cubital tunnel; slight stiffness to right wrist with range of motion, and mild volar wrist tenderness bilaterally. June 03, 2015 showed no improvement. June 10, 2015, range of motion lumbar showed 85% and pain with extremes of motion. The right knee is with diffuse pain. Medication: March 19, 2015: OTC Tylenol; dispensed Terocin for pain. Treatment: March 19, 2015 noted referral to pain specialist regarding low back and a course of physical therapy. He is status post right CTR. June 10, 2015, noted pending authorization for a

lumbar epidural injection as well as a MRI of left knee: chiropractic care. On October 02, 2015 a request was made for left L4-5 transforaminal epidural steroid injection under fluoroscopy that was noncertified by Utilization Review on October 06, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 transforaminal epidural steroid injection under fluoroscopy: Upheld

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: CA MTUS recommends ESI for treatment of radiculopathy. Guidelines support injections only if there is documentation of radiculopathy by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical records available for review in this case do not document findings of radiculopathy at the L4-L5 level. The reported motor/sensory deficits and pain appear to be generalized in the lower extremities, but not in a clear myotomal or dermatomal pattern. Therefore the request does not meet guidelines criteria for an ESI and is not medically necessary or appropriate.