

Case Number:	CM15-0206265		
Date Assigned:	10/23/2015	Date of Injury:	07/26/2013
Decision Date:	12/11/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/20/2015

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
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 64 year old female who sustained an industrial injury 07-26-13. A review of the medical records reveals the injured worker is undergoing treatment for lumbar disc degeneration, chronic pain, lumbar disc displacement, lumbar radiculopathy, lumbar spinal stenosis, anxiety, and depression. Medical records (09-14-15) reveal the injured worker complains of low back pain rated at 8/10 without medications and 1/10 with medications and is reported as "recently worsened." Interference with activities of daily living was reported at 7/10 (09-14-15). The physical exam (09-14-15) reveals tenderness to palpation in the spinal vertebral area L4-S1 levels. Pain was "significantly" increased with flexion and extension. Sensory exam shows decreased sensitivity touch I the left lower extremity. Prior treatment includes medications, and physical therapy and acupuncture which provided limited benefit. The original utilization review (09-24-15) non certified the request for a left L4-S1 transforaminal epidural steroid injection with fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-S1 transforaminal epidural under fluoroscopy: 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: Per the MTUS guidelines, in order to proceed with epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker was unresponsive to conservative treatment. In this case, the medical records do not establish imaging or electrodiagnostic studies to corroborate a diagnosis of radiculopathy stemming from the lumbar spine. The request for Left L4-S1 transforaminal epidural under fluoroscopy is not medically necessary and appropriate.