

Case Number:	CM15-0207785		
Date Assigned:	11/20/2015	Date of Injury:	12/28/2014
Decision Date:	12/30/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/22/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 54year old male, who sustained an industrial injury on 12-28-2014. The injured worker is undergoing treatment for: lumbar sprain, lumbar disc disease and radiculopathy. The treatment and diagnostic testing to date has included: multiple physical therapy sessions, multiple chiropractic sessions, medication, rest, and home exercise program, MRI of the lumbar spine (date unclear). Medications have included: Fexmid, tramadol. On 9-15-15, he reported low back pain rated 10 out of 10 with radiation into the left buttocks. Physical examination revealed antalgic gait to the left, exacerbated left heel and toe walk, normal lumbar lordosis, tenderness over L4-S1 facet, tenderness in the sacroiliac; positive testing for fabere's, Patrick, sacroiliac thrust and yeoman's; positive straight leg raise testing on the left, positive farfan test, decreased lumbar range of motion, and decreased left ankle reflex. Current work status: unclear. The request for authorization is for: one left L5-S1 and left S1 transforaminal epidural steroid injection. The UR dated 10-14-15: non-certified the request for one left L5-S1 and left S1 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left L5-S1 and left S1 transforaminal epidural steroid injection: 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: This claimant was injured in 2014. There was a lumbar sprain. There are positive facet and low back signs. Disc herniation corresponding to disc herniation on MRI however is not noted. The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing is not met. The request appears appropriately non-certified based on the above. Therefore, the request is not medically necessary.