

Case Number:	CM15-0020635		
Date Assigned:	02/10/2015	Date of Injury:	02/17/2014
Decision Date:	03/25/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/04/2015

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: New Jersey, New York
 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 46 year old female, who sustained an industrial injury on 02/17/2014. She has reported low back pain. The diagnoses have included lumbosacral sprain/strain; and lumbar degenerative disc disease. Treatments have included medications and physical therapy. Medications have included Norco, Flexeril, and Tramadol ER. Currently, the injured worker complains of ongoing lower back pain and bilateral lower extremity pain, right worse than the left. A progress note from the treating physician, dated 11/20/2014, reported objective findings to include no change in her physical findings; and there is multilevel lower lumbar facet joint arthropathy as per MRI dated 06/30/2014. Request is being made for lumbar transforaminal epidural steroid injection, right L4 and L5 levels. On 01/13/2015 Utilization Review non-certified 1 Lumbar Transforaminal Epidural Steroid Injection, Right L4 and L5 levels. The CA MTUS ACOEM was cited. On 02/02/2015, the injured worker submitted an application for review of Lumbar Transforaminal Epidural Steroid Injection, Right L4 and L5 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Transforaminal Epidural Steroid Injection, Right L4 and L5 levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: The request for a right transforaminal epidural steroid injection at L4-L5 is not medically necessary. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the chart, there isn't consistent documentation of exam findings that show a right-sided radiculopathy at L4, demonstrating deficits in motor strength or reflexes that are corroborated by MRI findings. The patient had decreased sensation at L5, S1 dermatomes, however, the patient's MRI showed disc bulges but no stenosis. The patient has been treated with conservative measures and there was improvement after 18 sessions of physical therapy so the patient did not fail conservative therapy. Therefore, the request is considered medically unnecessary.