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| Case Number: | CM15-0021498 | | |
| Date Assigned: | 02/11/2015 | Date of Injury: | 03/23/2008 |
| Decision Date: | 03/31/2015 | UR Denial Date: | 01/12/2015 |
| 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 54 year old male injured worker suffered and industrial injury on 3/23/2008. The diagnoses were lumbosacral spondylosis without myelopathy, disc displacement with radiculitis, and chronic pain syndrome. The diagnostic studies were electromyography, magnetic resonance imaging, x-rays, and diagnostic nerve blocks. The treatments were medications, physical therapy, radiofrequency lesioning x 2, and injections. EMG revealed left lower extremity L5-S1 acute neuropathic changes. Lumbar MRI revealed multilevel degenerative changes. There was L5-S1 facet arthropathy. The treating provider reported continued low back pain on the left side with numbness and pain radiation to the left lower leg. The pain at worst was 8/10 and least 2/10. The Utilization Review Determination on 1/12/2015 non-certified Epidural steroid injection left L4-L5 under fluoroscopy guidance, QTY: 1, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection left L4-L5 under fluoroscopy guidance, QTY: 1: Upheld

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

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

Decision rationale: Epidural steroid injection left L4-L5 under fluoroscopy guidance, QTY: 1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate physical exam findings of a radiculopathy requiring an L4-5 epidural steroid injection. The request for epidural steroid injection left L4-L5 under fluoroscopy guidance, QTY: 1 is not medically necessary.