

Case Number:	CM15-0028878		
Date Assigned:	02/20/2015	Date of Injury:	12/15/1995
Decision Date:	04/07/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/17/2015

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 53 year old male who sustained an industrial injury on December 15, 1995. He has reported back pain and has been diagnosed with lumbar spine pain, lumbar spine degenerative disc disease, lumbar spine herniated nucleus pulposus/bulge, and lumbar spine radiculopathy. Treatment has included surgery, injection, medications, and physical therapy. Magnetic resonance imaging on November 10, 2014 has revealed moderate to severe right neural foraminal narrowing at L4-L5 level. Prior magnetic resonance imaging MRI on August 13, 2013 had demonstrated impingement of right L5 nerve root by disc material/end plates spurring. Electrodiagnostic studies have demonstrated right L5 radiculopathy. The patient has presented with low back pain with radiation to the right lower extremity. There is posterior lateral thigh pain and numbness and tingling in the right anterior lower leg into the foot. The patient is not able to tolerate physical therapy. Physical examination was positive for straight leg raise on the right at 20 degrees producing right leg pain. The treatment plan included medications and an epidural steroid injection. On February 4, 2015 Utilization Review non certified right L5 transforaminal epidural steroid injection with IV sedation and fluroscopy citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5 Transforaminal Epidural Steroid Injection with IV sedation and fluroscopy:
Overturned

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): 45-46.

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, and that the injured worker was unresponsive to conservative treatment. In this case, the patient has documented right L5 radiculopathy demonstrated on imaging studies, electrodiagnostic studies and examination. The injured worker is not able to tolerate physical therapy due to the pain. The request for right L5 Transforaminal Epidural Steroid Injection with IV sedation and fluroscopy is medically necessary.