

Case Number:	CM15-0029378		
Date Assigned:	02/23/2015	Date of Injury:	12/15/2004
Decision Date:	04/07/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/18/2015

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: 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 60 year old male who sustained an industrial injury on 12/15/2004. Current diagnoses include thoracic or lumbosacral neuritis or radiculitis, sciatica, lumbosacral spondylosis, and spine stenosis without claudication. Previous treatments included medication management and physical therapy. Report dated 01/26/2015 noted that the injured worker presented with complaints that included back pain. No physical examination was included for this date of service. The physician noted that the injured worker had completed an MRI and this was reviewed with the injured worker. MRI of the lumbar spine dated 12/29/2014 was included for review. Previous physical examinations were positive for abnormal findings. Utilization review performed on 02/02/2015 non-certified a prescription for right L4-L5 and left L3 transforaminal epidural steroid injection and conscious sedation under fluoroscopy, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4 and L5 and Left L3 transforaminal Epidural Steroid Injection (ESI) and conscious sedation and fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26, Page 46.

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There is no clear documentation of radiculopathy as outlined above. Right L4 and L5 and Left L3 transforaminal Epidural Steroid Injection (ESI) and conscious sedation and fluoroscopy is not medically necessary.