

Case Number:	CM15-0215286		
Date Assigned:	11/05/2015	Date of Injury:	04/22/2013
Decision Date:	12/16/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/02/2015

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 was a 57 year old male, who sustained an industrial injury, April 22, 2013. The injured worker was undergoing treatment for lumbar radiculopathy and facet syndrome. According to progress note of September 9, 2015, the injured worker's chief complaint of low back pain with pain radiating to the left buttocks and hamstring. The injured worker rated the back pain at 7 out of 10. The injured worker was unable to sleep due to pain. The physical exam of the lumbar spine noted the pelvis was level. Palpation noted muscle spasms next to the spinous processes with the injured worker relaxed and lying prone. The range of motion of the lumbar spine was limited due to pain in the lumbosacral region. The sensation to light touch and pinprick were intact to all dermatomes. The straight leg raises were positive on the right. The injured worker previously received the following treatments Tramadol, Tylenol 500mg, Vicodin 5-325mg and Norco 2 times daily. The RFA (request for authorization) dated October 2, 2015; the following treatments were requested a right L4-L5 transforaminal epidural steroid injection. The UR (utilization review board) denied certification on October 9, 2015; for the right L4-L5 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 transformational 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 2013 with reported lumbar radiculopathy and facet syndrome. There is reported low back pain with pain radiating to the left buttocks and hamstring. The sensation to light touch and pinprick however were intact to all dermatomes. The straight leg raises were positive on the right. Overt disc herniation on an imaging study, matching dermatomal signs and symptoms, 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 requested treatment is not medically necessary.