MAXIMUS Federal Services

Case Number:	CM15-0219888		
Date Assigned:	11/12/2015	Date of Injury:	07/08/2013
Decision Date:	12/29/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/09/2015

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, North Carolina
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 50 year old male, who sustained an industrial injury on 7-8-13. The injured worker was being treated for lumbar HNP and lumbar radiculopathy. On 7-22-15 and 8-31-15, the injured worker complains of constant low back pain with radiation to left and groin rated 6 out of 10. He is not working currently. Physical exam performed on 7-22-15 and 8-31-15 revealed antalgic gait, abnormal heel-toe walk, ambulation with a single point cane, wearing and left ankle and left knee brace; tenderness on palpation to lumbar spine in bilateral lumbar paraspinal muscles and decreased sensation in L4, L5 and S1 dermatomes with decreased lumbar range of motion. Positive straight leg raise on left with pain is noted along with left lower extremity reflex absent for patellar and Achilles. EMG of lower extremities performed on 3-5-15 was noted to be a normal study. Treatment to date has included left hip fluoroscopically guided CSI on 8-19-15 (with 50% relief in pain), TENS unit, 4 sessions of acupuncture (provided temporary relief), 30 sessions of physical therapy, injection to left hip and oral medications including Gabapentin, Cymbalta, Ultracet, Tramadol, Omeprazole and Oxycodone; topical Ketoprofen cream, lumbar transforaminal epidural steroid injections (unclear of date performed or level of improvement) and activity modifications. The treatment plan included continued request for left transforaminal epidural steroid injection of L3-5 and S1-S1. On 11-2-15 request for left transforaminal epidural steroid injection of L3-5 and S1-S1 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left transforaminal epidural steroid injection L3-L4 and S1-S2: 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: The request is for ESIs at L4-5 and S1-2. The purpose of ESI is to reduce pain and inflammation, restore range of motion and facilitate a more active participation in a rehab program. ESI is recommended as an option for treatment of radicular pain. ESI can only offer short-term pain relief and does not improve function or alter the need for surgery. In this case, there is no documentation consistent with radiculopathy by physical exam or corroborated by MRI. Electrodiagnostic studies are normal. In addition, the patient had no relief with prior ESI. Therefore, based on the above findings, the request for an ESI is not medically necessary or appropriate.