

Case Number:	CM15-0221231		
Date Assigned:	11/16/2015	Date of Injury:	06/17/2015
Decision Date:	12/23/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/10/2015

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:

This 70 year old man sustained an industrial injury on 6-17-2015. Diagnoses include lumbar disc disease with radiculopathy and right leg numbness. Treatment has included oral medications, chiropractic care, and acupuncture. Physician notes dated 9-29-2015 show complaints of low back pain rated 4 out of 10 with numbness down the right leg. The physical examination shows normal strength in the bilateral lower extremities, decreased sensation to the right lateral thigh, absent ankle reflexes, positive straight leg raise at 40 degrees, and "decreased" range of motion to the lumbar spine. Recommendations include right L4-L5 and L5-S1 transforaminal epidural steroid injection with intravenous sedation and follow up in two months. Utilization Review denied a request for right L4-L5 and L5-S1 transforaminal epidural steroid injection with intravenous sedation on 10-14-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection at the right L4-L5 and L5-S1 levels with intravenous sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and 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: 9792.24.2. Chronic pain Medical Treatment Guidelines, Chronic Pain, under Epidural steroid injections (ESIs). This claimant was injured last June. The exam showed decreased sensation to the right lateral thigh, absent ankle reflexes, positive straight leg raise at 40 degrees, and decreased lumbar range of motion. There is no imaging correlation of an injury source of radiculopathy, such as disc herniation, to the specific dermatomal deficits. The MTUS notes regarding epidural steroid injections: Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). See specific criteria for use below. Criteria for the use of epidural steroid injections: Note: The purpose of epidural steroid injection was to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The case does not meet the requisite criteria for radiculopathy for an epidural steroid injection that corresponds to imaging herniation. Such radiculopathy must be documented. Objective findings on examination need to be present. AMA criteria for radiculopathy are not met (See reference criteria). Therefore, the request is not medically necessary.