

Case Number:	CM15-0035963		
Date Assigned:	03/04/2015	Date of Injury:	09/24/2008
Decision Date:	04/13/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/25/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 55 year old male who sustained an industrial injury on September 24, 2008. He has reported pain in the right hip and bilateral lower back and has been diagnosed with chronic pain syndrome, back pain, lumbar, with radiculopathy, degenerative facet disease lumbar spine, and degenerative disc disease lumbar spine. Treatment has included medications, physical therapy, and lumbar epidural steroid injections. Currently the injured worker complains of pain causing sitting and standing throughout their visit. The treatment plan included medications, injection, and physical therapy. On February 4, 2015 Utilization Review non certified left sided transforaminal epidural steroid injection L5-S1 with fluoroscopy and monitored sedation citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Sided Transforaminal ESI L5-S1 with Fluroscopy and Monitored sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Regarding the indications for imaging in case of back pain, MTUS guidelines stated : Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients considering back surgery, fracture or tumors that may require surgery. There is no indication that the patient would consider additional surgery as an option. In addition, the patient does not have any clear evidence of lumbar radiculopathy or any evidence of new findings. His neurological examination was normal and he has no symptoms suggestive of radiculopathy. Therefore, the request for Left Sided Transforaminal ESI L5-S1 with Fluroscopy and Monitored sedation is not medically necessary.