

Case Number:	CM15-0041626		
Date Assigned:	03/11/2015	Date of Injury:	07/26/1994
Decision Date:	05/08/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/05/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64-year-old female who reported an injury on 07/25/1994. The mechanism of injury was not stated. The current diagnosis is low back pain with lumbosacral radiculopathy. The injured worker presented on 02/06/2015 for a follow-up evaluation with complaints of persistent low back pain. The injured worker was utilizing Percocet 5/325 mg and Cymbalta 60 mg. It was also noted that the injured worker had not received any benefit from a spinal cord stimulator. The injured worker was pending removal of the spinal cord stimulator. Upon examination, there was decreased sensation bilaterally over the L5 dermatomes, a positive straight leg raise bilaterally, and limited range of motion with pain. Recommendations included authorization for a bilateral L5 transforaminal epidural steroid injection. A Request for Authorization form was then submitted on 02/06/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 Transforaminal Epidural Steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there was no mention of a significant functional improvement from prior epidural steroid injections. The straight leg raise test was positive bilaterally without documentation of the number of degrees. The motor examination was within normal limits. Based on the lack of unequivocal evidence of lumbar radicular complaints and lack of imaging evidence corroborating a diagnosis of lumbar radiculopathy, the request is not medically appropriate at this time.