

Case Number:	CM15-0041971		
Date Assigned:	03/11/2015	Date of Injury:	01/13/2014
Decision Date:	04/15/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/04/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 44-year-old male who sustained an industrial injury on 1/13/14. The injured worker reported symptoms in the back and right lower extremity. The injured worker was diagnosed as having right disc protrusion. Treatments to date have included topical analgesic, oral muscle relaxant, oral steroids and activity restriction. Currently, the injured worker complains of lower back pain with radiation to the right lower extremity. The plan of care included transforaminal epidural steroid injection, functional capacity evaluation and work hardening therapy. The 1/27/15 progress note indicates that the patient has normal sensation and reflexes, 4+/5 weakness in the right extensor hallicus longus muscle and positive right straight leg raise. The patient did have posterior leg radicular symptoms which have improved and are not consistently present in the leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4 and L5 transforaminal epidural steroid injection of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Right L4 and L5 transforaminal epidural steroid injection of lumbar spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The documentation does not clearly indicate physical exam findings requiring a right L4,L5 transforaminal epidural steroid injection. Furthermore, the documentation indicates that the patient has not had extension based physical therapy yet for his low back and the provider is recommending this. Also, the documentation dated 1/27/15 states that the patient's symptoms are improving and he no longer has consistent leg symptoms. The request for a right L4, L5 transforaminal epidural steroid injection of the lumbar spine is not medically necessary.