

Case Number:	CM15-0045312		
Date Assigned:	03/17/2015	Date of Injury:	07/11/2011
Decision Date:	04/20/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/10/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old male, who sustained a work/ industrial injury on 7/11/11. He has reported initial symptoms of shoulder and lumbar spine pain. The injured worker was diagnosed as lumbar radiculopathy, spondylosis; cervical spondylosis and shoulder pain. Treatments to date included medication, and physical therapy. Magnetic Resonance Imaging (MRI) revealed L4-5 facet hypertrophy, advanced discogenic change annular fissuring, moderate foraminal narrowing, L5-S1, new mild compression deformity of L1, marked facet arthropathy left C2-4, left shoulder stripping of supraspinatus tendon, anthesis small thickness tear. Currently, the injured worker complains of low back pain with radiation down the lower extremities that was rated 8/10. The treating physician's report (PR-2) from 1/30/15 indicated that the lumbar spine range of motion was 30 degrees flexion, 15 degrees flexion, 15 degrees extension, 20 degrees right/left lateral flexion, 25 degrees right/left rotation, positive straight leg raise (SLR), slump test positive bilaterally, right ankle reflexes 1+ bilaterally, normal sensation in lumbosacral dermatomes, motor strength 4/5 at ankle dorsiflexion bilaterally. There was tenderness to palpation over the bilateral lumbar paraspinals. Medications included Naproxen, Gabapentin, and Norco. Treatment plan included Left, Lumbar L4, and Transforaminal Epidural Steroid Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left, Lumbar L4, Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy on physical exam and imaging and/or electro diagnostic studies, and failure of conservative treatment. Within the documentation available for review, there are no imaging and/or electro diagnostic studies corroborating the diagnosis of radiculopathy. In the absence of such documentation, the currently requested epidural steroid injection is not medically necessary.