

Case Number:	CM15-0046606		
Date Assigned:	03/19/2015	Date of Injury:	07/21/2011
Decision Date:	05/05/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/12/2015

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: Pennsylvania, Ohio, California
 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 34-year-old male, who sustained an industrial injury on 07/21/2011. He reported a lifting injury with pain in the right shoulder blade, back, and down to the right ankle. Diagnoses include right sided L5-S1 disc herniation with right S1 radiculopathy, lumbar discogenic back pain. Treatments to date include topical medication, heat/cold, physical therapy, chiropractic therapy, and home exercise. Previous epidural steroid injections were documented to provide more than 50% relief of symptoms. Currently, he complained of increased back pain with right leg radiation associated with numbness and tingling. On 2/13/15, the physical examination documented he demonstrated an antalgic gait on the right side, decreased sensation at the right S1 distribution and positive straight leg raise test. The plan of care included repeated nerve block at right L5-S1 under fluoroscopy and pre-operative laboratory evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selection Nerve Root Block under Fluoroscopy to the Right L5-S1: Upheld

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

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

Decision rationale: MTUS recommends an epidural steroid injection for treatment of a radiculopathy. This guideline supports such an injection only if there is documentation of a radiculopathy by physical examination corroborated by imaging studies and/or electrodiagnostic testing. The records in this case do not document such findings to confirm the presence of a radiculopathy at the requested level; there is physical examination data but no diagnostic study to confirm a radiculopathy. This request is not medically necessary. Additionally the records do not clearly document the duration of improvement and functional benefit or nature of medication reduction from the prior epidural injection; without that clinical detail, again the guidelines have not been met and this request is not medically necessary.

Pre-Operative Labs: Upheld

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

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

Decision rationale: Since the epidural steroid injection has been deemed not medically necessary, a request for pre-operative labs is not applicable.