

Case Number:	CM15-0050764		
Date Assigned:	03/24/2015	Date of Injury:	07/07/2013
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/18/2015

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: Massachusetts

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:

This 38 year old man sustained an industrial injury on 7/7/2013 after being rear-ended by a truck. Diagnoses include lumbosacral disc degeneration, lumbar sprain/strain, and sciatica. Treatment has included oral medications, steroid injections, physical therapy, and acupuncture. Physician notes dated 1/26/2015 show complaints of leg and back pain. Recommendations include transforaminal injection at L4-L5 and CT myelogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal ESI L4-L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for low back and leg pain. When seen, he was having left anterior thigh radicular symptoms. There was positive left straight leg raising. An MRI report of the lumbar spine dated

11/24/14 includes findings negative for neural compromise. EMG/NCS testing in September 2014 was negative for radiculopathy. Criteria for the use of an epidural steroid injections include radiculopathy documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case, MRI of the lumbar spine was negative for neural compromise and EMG/NCS testing was negative for radiculopathy. Therefore the requested epidural steroid injection is not medically necessary.