

Case Number:	CM15-0245632		
Date Assigned:	12/28/2015	Date of Injury:	09/17/2014
Decision Date:	01/29/2016	UR Denial Date:	11/18/2015
Priority:	Standard	Application Received:	12/17/2015

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: Emergency 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 32 year-old male who sustained an industrial injury on 9-17-2014 and has been treated for intervertebral disc displacement of the lumbar region, left side sciatica, and pain disorder with related psychological factors. Diagnosis is lumbar disc herniation L4-5 with left L5 radiculopathy. Diagnostic studies discussed include an MRI dated 1-21-2015 revealing disc bulging at L4-5 without nerve impingement. An electromyography-nerve conduction study showed chronic left L5 lumbosacral radiculopathy. At a visit dated 11-11-2015, the injured worker presented with low back pain with numbness and tingling paresthesias radiating down the anterolateral part of the left leg into his knee. The injured worker had not been working. Significant objective findings included antalgic gait favoring the left, restricted lumbar spine mobility at 30 degrees with flexion, and 10 degrees extension. Spasm and guarding was noted at the base of the lumbar spine. Dorsiflexion strength was 4 out of 5. Documented treatment has included Ultram and Ibuprofen reducing pain by greater than 50 percent. He is noted to have not undergone an epidural steroid injection. The treating physician's plan of care included a request for right L5-S1 transforaminal lumbar epidural steroid injection which was denied on 11-18-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5 and S1 Transforaminal Lumbar ESI, Lumbar Epidurogram, IV Sedation, Fluoroscopic Guidance and Contrast Dye: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The requested Right L5 and S1 Transforaminal Lumbar ESI, Lumbar Epidurogram, IV Sedation, Fluoroscopic Guidance and Contrast Dye, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials. The injured worker has low back pain with numbness and tingling paresthesias radiating down the anterolateral part of the left leg into his knee. The injured worker had not been working. Significant objective findings included antalgic gait favoring the left, restricted lumbar spine mobility at 30 degrees with flexion, and 10 degrees extension. Spasm and guarding was noted at the base of the lumbar spine. The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, Right L5 and S1 Transforaminal Lumbar ESI, Lumbar Epidurogram, IV Sedation, Fluoroscopic Guidance and Contrast Dye is not medically necessary.