

Case Number:	CM15-0005720		
Date Assigned:	01/26/2015	Date of Injury:	01/06/2014
Decision Date:	03/11/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/12/2015

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: 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 37 year old male, who sustained an industrial injury on 1/6/2014. On 1/12/14, the injured worker submitted an application for IMR for review of right L5-S1 transforaminal epidural steroid injection (ESI). The treating physician reported the injured worker complains of back and right leg radiculopathy down to toes with associated pain, numbness and weakness. The diagnoses included lumbar spinal strain, right lumbar radiculopathy and disc bulge at L5-S1. Treatment to date has included physical therapy, chiropractic therapy and acupuncture, medications, orthopedic and neurosurgical consults and a right L5-S1 epidural steroid injection on 10/2015 with documentation noting "only slight improvement" to "50% relief". Diagnostics include x-rays and MRI's. On 12/24/14 Utilization Review non-certified the right L5-S1 transforaminal epidural steroid injection (ESI), noting the MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 transforaminal Epidural Steroid Injection (ESI): Upheld

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

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

Decision rationale: The requested Right L5-S1 transforaminal Epidural Steroid Injection (ESI), 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" and repeated injections with 50% improvement for 6-8 weeks. The injured worker has back and right leg radiculopathy down to toes with associated pain, numbness and weakness. The treating physician has documented a right L5-S1 epidural steroid injection on 10/2015 with documentation noting "only slight improvement" to "50% relief". The treating physician has not documented sufficient improvement from a previous injection. The criteria noted above not having been met, Right L5-S1 transforaminal Epidural Steroid Injection (ESI) is not medically necessary.