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| Case Number: | CM15-0100299 | | |
| Date Assigned: | 06/02/2015 | Date of Injury: | 08/24/2010 |
| Decision Date: | 06/30/2015 | UR Denial Date: | 05/05/2015 |
| Priority: | Standard | Application Received: | 05/26/2015 |

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 34 year old female, who sustained an industrial injury on 8/24/10. She has reported initial complaints of a back pain and stiffness injury working as a bus driver. The diagnoses have included lumbar radiculopathy and lumbago. Treatment to date has included medications, diagnostics, activity modifications, conservative care, off work and physical therapy. Currently, as per the physician progress note dated 4/22/15, the injured worker complains of low back and right leg pain. The physical exam of the lumbar spine reveals pain with palpation over the lumbar paraspinal and straight leg raise is positive on the right side. The exam is otherwise unremarkable. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 4/6/15 reveals disc protrusions with annular fissures resulting in narrowing of the neural foramen bilaterally. The x-rays of the lumbar spine and thoracic spine dated 3/25/15 revealed no acute findings. The current medications included Tramadol and a muscle relaxant. The physician recommended that the injured worker continues with physical therapy and take Flexeril muscle relaxant. The physician also notes that the Magnetic Resonance Imaging (MRI) and her symptoms are consistent with lumbar radicular symptoms and therefore, the physician requested treatment included lumbar transforaminal epidural steroid injection (ESI) Injection to Right L4 and L5 under Fluoroscopic Guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

TF ESI Injection to Right L4 and L5 Under Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no clinical and objective documentation of radiculopathy. There is no electrodiagnostic documentation of radiculopathy. There is no clear documentation of failure of conservative therapies with compliance with first line therapies. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). Therefore, the request for TF ESI Injection to Right L4 and L5 Under Fluoroscopic Guidance is not medically necessary.