

Case Number:	CM15-0107325		
Date Assigned:	06/11/2015	Date of Injury:	12/23/2011
Decision Date:	07/13/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/03/2015

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 41 year old male, who sustained an industrial injury on 12/23/2011. He reported a slip and fall with injury to the low back. Diagnoses include lumbar radiculopathy, right rotator cuff tear, status post right rotator cuff repair 1/16/15, and lumbar spondylosis. Treatments to date include activity modification, medication therapy, and trigger point injections. Currently, he complained of bilateral lumbar pain and left thigh pain. The pain was rated 6/10 VAS. On 4/7/15, the physical examination documented decreased lumbar range of motion with a bilaterally positive straight leg raise test. There was decreased sensation in the lateral cutaneous nerve. The plan of care included bilateral transforaminal epidural injections at the L5 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Injection Bilateral L5: 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 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The requested Transforaminal Epidural Injection Bilateral L5, is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." The injured worker has bilateral lumbar pain and left thigh pain. The pain was rated 6/10 VAS. On 4/7/15, the physical examination documented decreased lumbar range of motion with a bilaterally positive straight leg raise test. There was decreased sensation in the lateral cutaneous nerve. There is insufficient documentation of dermatomal sensory deficits in the L5 distribution nor deficits in reflexes and motor strength nor imaging evidence of nerve root impingement. The criteria noted above not having been met, Transforaminal Epidural Injection Bilateral L5 is not medically necessary.