MAXIMUS Federal Services

Case Number:	CM15-0109290		
Date Assigned:	06/15/2015	Date of Injury:	12/22/2013
Decision Date:	07/14/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/05/2015

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: Utah, Arkansas
Certification(s)/Specialty: Family Practice, Sports 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 58 year old male, who sustained an industrial injury on 12/22/2013. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar radiculopathy, spinal stenosis and lumbar disc degeneration. Electro diagnostic studies were within normal limits and a lumbar magnetic resonance imaging showed lumbosacral foraminal stenosis. Treatment to date has included acupuncture, TENS (transcutaneous electrical nerve stimulation), chiropractic care, pain clinic, physical therapy and medication management. In a progress note dated 4/17/2015, the injured worker complains of low back pain that radiates to the bilateral lower extremities, rated 7/10. Physical examination showed tenderness over the bilateral paraspinal muscles with reduced range of motion. The treating physician is requesting bilateral lumbosacral transforaminal selective root/epidural steroid injection and oral sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 Transforaminal Selective Nerve Root/Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for an epidural injection. MTUS guidelines state the following: Recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. Guidelines state a repeat injection should only be offered if there is at least a 50-70% improvement for 6-8 weeks following the previous injection. The clinical records lack documentation that the patient has tried and failed conservative treatment prior to the injections request, as well as lack of physical exam findings for radiculopathy. The patient does not meet the current criteria at this time. According to the clinical documentation provided and current MTUS guidelines; an epidural injection, as stated above, is not medically necessary to the patient at this time.

Oral Sedation x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Sedation.

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for oral sedation. This decision is based on the request for injections, which is not currently indicated. Therefore oral sedation for the injection is also not currently indicated. According to the clinical documentation provided and current MTUS guidelines; oral sedation is not medically necessary to the patient at this time.