

Case Number:	CM15-0011900		
Date Assigned:	01/29/2015	Date of Injury:	02/25/1993
Decision Date:	03/26/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/20/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 70-year-old male who reported injury on 02/25/1993. The mechanism of injury was a slip and fall. The surgical history included a lumbar fusion at L4-5 and L5-S1 and a right orchiectomy. Prior treatments included an ilioinguinal nerve injection x2. The injured worker was noted to undergo an MRI. The documentation of 11/26/2014 revealed the injured worker had a right ilioinguinal nerve block on 04/21/2014 with 90% relief. The pain had returned. The pain was noted to be essentially unchanged, like from before the injections. The injured worker was having difficulty sleeping due to pain and cramping in the right leg. The objective findings revealed a positive Tinel's in the right ilioinguinal canal. The injured worker had an increased sensitivity in the medial thigh and groin that was improved moderately. The injured worker had decreased sensation in the posterolateral thigh. The diagnoses included lumbar postlaminectomy syndrome, lumbar post fusion at L4-5 and L5-S1. The treatment plan included a right L5-S1 transforaminal epidural steroid injection under fluoroscopic guidance x1. The MRI was mentioned and failed to indicate the injured worker had nerve impingement. There was a Request for Authorization submitted for review dated 12/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

(R) L5-S1 Tranforaminal Epidural Steroid Injection under Fluoroscopic Guidance x1:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend epidural steroid injections when there are objective findings upon physical examination of radiculopathy supported by electrodiagnostics or imaging studies. There should be documentation of a failure of conservative care including physical medicine, exercise, NSAIDs and muscle relaxants. The clinical documentation submitted for review indicated the injured worker had decreased sensation. However, there was a lack of documentation of specific myotomal or dermatomal findings. There was a lack of documentation of corroboration with imaging studies. There was a lack of documentation of a failure of conservative care. As such, the request for right L5-S1 transforaminal epidural steroid injection under fluoroscopic guidance x1 is not medically necessary.