

Case Number:	CM15-0016059		
Date Assigned:	02/04/2015	Date of Injury:	07/02/2014
Decision Date:	03/27/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/28/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 male who sustained an industrial injury on 07/02/2014. On provider visit dated 12/19/2014 the injured worker has reported low back pain. The pain score was noted to be 9/10 on a 0 to 10 scale. No tenderness or pain was noted during examination of back but sensation was noted to be decreased on left side L2-S1 and deep tendon reflex examination. The straight leg raising test was noted to be negative. The diagnoses have included left lumbar radiculitis, right shoulder pain and lumbar treatment plan included Transforaminal Epidural Steroid Injection L5-S1 and medications. The electromyogram and nerve conduction study of the left lower extremity was requested on December 2014. The 7/8/2014 X-ray of the lumbar spine was reported to be non remarkable. The medications listed are Ibuprofen, Norco, Nucynta and Flexeril. On 01/06/2015 Utilization Review non-certified Transforaminal Epidural Steroid Injection L5-S1, as not medically necessary. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5
Page(s): 46.

Decision rationale: The CA MTUS recommend that epidural steroid injection can be utilized for the treatment of lumbar radiculopathy when conservative treatments with medications and PT have failed. The records did not indicate objective or radiological findings consistent with the diagnosis of lumbar radiculopathy. The X-ray of the lumbar spine was noted to be unremarkable. There was a negative straight leg raising test. The criteria for L5-S1 transforaminal epidural steroid injection was not met.