

Case Number:	CM15-0118134		
Date Assigned:	06/26/2015	Date of Injury:	01/23/2008
Decision Date:	07/27/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/18/2015

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, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 29 year old male sustained an industrial injury on 1/23/08. He subsequently reported back pain. Diagnoses include lumbar radiculopathy and chronic low back pain. Treatments to date include MRI testing, physical therapy and prescription pain medications. The injured worker continues to experience low back pain with radiation to the left lower extremity, left foot numbness. Upon examination, range of motion was limited, sitting straight leg raise at 60 degrees were positive on the left and gait was antalgic. A request for Left L45 51 TF ESI [#2 for 2015] was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L45 51 TF ESI [#2 for 2015]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Lumbar ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
 Page(s): 47 of 127.

Decision rationale: This claimant was injured 7 years ago with back pain. The injured worker continues to experience low back pain with radiation to the left lower extremity, left foot numbness. Upon examination, range of motion was limited, sitting straight leg raise at 60 degrees were positive on the left and gait was antalgic. A request for Left L45 51 TF ESI [#2 for 2015] was made by the treating physician. Regarding epidurals, the MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. Further, the criterion for repeat ESI is at least 6-8 weeks of pain and improvement in function for 6-8 weeks following injection, and the outcomes from previous ESI do not meet this criterion. The request is not medically necessary based on the above.