

Case Number:	CM15-0127375		
Date Assigned:	07/14/2015	Date of Injury:	11/23/2004
Decision Date:	08/07/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/01/2015

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: 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:

This injured worker is a 41 year old male who reported an industrial injury on 11/23/2004. His diagnoses, and or impression, were noted to include: lumbosacral disc protrusions; lumbar degenerative disc disease; lumbar facet joint arthropathy; lumbar facet joint pain; lumbar stenosis; and chronic bilateral low back pain. No current imaging studies were noted. His treatments were noted to include failed physical therapy; failed chiropractic therapy; a specific home exercise program; medication management; and rest from work being permanently disabled. The progress notes of 11/10/2014 reported complaints, which included bilateral low back pain. Objective findings were not noted to include failed physical therapy and conservative treatments; no acute distress; tenderness to the lumbar para-spinal muscles over the bilateral lumbar and lumbosacral facet joints; restricted lumbar range-of-motion by pain, in all directions with extension worse than flexion; and positive bilateral provocative maneuvers. The physician's requests for treatments were noted to include lumbosacral transforaminal epidural steroid injection with nerve root block to evaluate for the presence of lumbar facet joint pain as the reason for low back symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 fluoroscopically guided left L5-S1 transforaminal epidural steroid injection with S1 selective nerve root block: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any specific neurological deficits with intact sensation, motor strength and symmetrical reflexes or remarkable correlating diagnostics to support the epidural injections. There is no report of acute new injury, flare-up, progressive neurological deficit, or red-flag conditions to support for pain procedure. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. Criteria for the epidurals have not been met or established. The 1 fluoroscopically guided left L5-S1 transforaminal epidural steroid injection with S1 selective nerve root block is not medically necessary and appropriate.