

Case Number:	CM15-0129089		
Date Assigned:	07/15/2015	Date of Injury:	09/25/1999
Decision Date:	08/19/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/03/2015

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: Pennsylvania, Ohio, 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:

The injured worker is a 67 year old female, who sustained an industrial injury on 9/25/1999. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy and lumbosacral neuritis/radiculitis. There is no record of a recent diagnostic study. Treatment to date has included lumbar discectomy and fusion, physical therapy, epidural steroid injection and medication management. In a progress note dated 6/3/2015, the injured worker complains of low back pain rated 7/10 with medications and 10/10 without medications. Physical examination showed facet joint tenderness and spasms and a positive straight leg raise. The treating physician is requesting t transforaminal epidural steroid injection at the left lumbar 3-4 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Transforaminal epidural steroid injections at Left L3-L4 Level: 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 ESI
 Page(s): 46.

Decision rationale: MTUS recommends an epidural steroid injection for treatment of a radiculopathy. This guideline supports such an injection only if there is documentation of a radiculopathy by physical examination corroborated by imaging studies and/or electrodiagnostic testing. The records in this case do not document such findings to confirm the presence of a radiculopathy at the requested level. Moreover, a 2nd injection would not be indicated until assessing the results of a first injection. For these multiple reasons, this request is not medically necessary.