

Case Number:	CM15-0144283		
Date Assigned:	08/05/2015	Date of Injury:	01/05/2006
Decision Date:	10/13/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/24/2015

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:

The injured worker is a 61-year-old male who sustained an industrial injury on 1-5-06. The injured worker reported low back pain. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar facet arthropathy, lumbar radiculopathy, and lumbar stenosis with neurogenic claudication. Medical records dated 6-26-15 indicate pain rated at 8 out of 10. Provider documentation dated 6-26-15 noted "symptoms increasing last 2 months." Provider documentation dated 6-26-15 noted the work status as retired. Treatment has included a magnetic resonance imaging (6-9-15), Norco, Cyclobenzaprine and chiropractic treatments. Objective findings dated 6-26-25 were notable for thoracic and cervical spine range of motion exam "within normal limits" with provider documentation noting "no tenderness to palpation throughout". The original utilization review (7-1-15) denied a right L5-S1 epidural steroid injection with fluoroscopy every 2 weeks x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 ESI with Fluoroscopy q2 weeks x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: This claimant was injured in 2006 with diagnoses of lumbar facet arthropathy, lumbar radiculopathy, and lumbar stenosis with neurogenic claudication. The subjective pain is worsening per the records, however, as of June, thoracic and cervical spine range of motion exam "within normal limits" with provider documentation noting "no tenderness to palpation throughout". There is no mention of radicular signs corresponding to MRI findings of disc herniation in the records. 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, series of ESI's, typically a series of three, is an older practice no longer supported in the MTUS. The request appears appropriately not medically necessary based on the above.