

Case Number:	CM15-0172764		
Date Assigned:	09/14/2015	Date of Injury:	06/01/1997
Decision Date:	10/14/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/01/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 62 year old male who sustained an industrial injury on 05-01-1997. Diagnoses include lumbar spondylosis, lumbar degenerative disc disease, and lumbar radiculopathy. A physician progress note dated 07-29-2015 documents the injured worker complains of persistent back pain which radiates down his bilateral lower extremities. He is unable to take anti-inflammatory medication due to kidney failure due to NSAIDs overuse. He takes Norco for pain. Extension of his lumbar spine reproduces axial back pain. Straight leg raise is positive on the right at about 15 degrees. Sensation is diminished in the right L4-S4 distribution. He had lumbar epidural steroid injections last in November of 2014 which provided him with 9 months with pain relief. Treatment to date has included diagnostic studies, medications, physical therapy, and home exercise program. An RFA dated 08-03-2015 was for a right transforaminal lumbar epidural steroid injection L4-L5 Qty: 1. His treatment plan included right transforaminal lumbar epidural steroid injection L5-S1 Qty :1, and Comprehensive metabolic panel in 3 months Qty: 1. On 08-11-2015 the Utilization Review non-certified the requested treatment right transforaminal lumbar epidural steroid injection L4-L5 Qty: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right transforaminal lumbar epidural steroid injection L4-L5 Qty: 1: 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: Right transforaminal lumbar epidural steroid injection L4-L5 Qty: 1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that one of the criteria for the use of epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate radiculopathy in the proposed area for epidural steroid injection on objective imaging or electrodiagnostic studies. For this reason, the request for epidural steroid injection is not medically necessary.