

Case Number:	CM15-0175760		
Date Assigned:	09/17/2015	Date of Injury:	03/26/2002
Decision Date:	10/19/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/08/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 45-year-old male who sustained an industrial injury on 3-26-02. The injured worker reported low back with radiation to the buttocks. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar radiculopathy; face joint arthropathy, bilateral thoracic arthropathy. Medical records dated 7-13-15 indicate pain rated at 4 to 5 out of 10. Treatment has included lumbar spine computed tomography (5-3-07), status post spinal fusion, status post intrathecal pump implantation, Soma since at least May of 2015, Valium since at least May of 2015, Gralise since at least May of 2015, and physical therapy. Objective findings dated 7-13-15 were notable for slow gait, tenderness to palpation to the lumbar spine and decreased range of motion. The original utilization review (8-13-15) denied a request for a Transforaminal epidural injection L3-L4, L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural injection L3-L4, L4-L5 and L5-S1: 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: In this case, recent exam notes do not show signs of radiculopathy. Imaging does not indicate nerve root encroachment. More than 2 levels of ESI are not recommended. The request for the ESI does not meet the guidelines and is not medically necessary.