

Case Number:	CM15-0022145		
Date Assigned:	02/11/2015	Date of Injury:	06/26/2012
Decision Date:	09/24/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/05/2015

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: Emergency 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 32 year old male, who sustained an industrial injury on June 26, 2012, incurring low back injuries. He was diagnosed with lumbar radiculopathy and sciatica. Treatment included anti-inflammatory drugs, pain medications, and physical therapy and home exercise program, acupuncture and activity restrictions. Currently, the injured worker complained of persistent low back pain radiating into the right hip, both thighs, legs, feet and groin. He had difficulty exercising secondary to pain and activity restrictions. He had difficulty with prolonged sitting, standing and walking. He noted restricted range of motion and walked with a limp. Magnetic Resonance Imaging of the lumbar spine in 2014, revealed disc herniation and lumbar listhesis. The treatment plan that was requested for authorization included one right lumbar spine selective nerve root injection as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar Spine Selective Nerve Root Injection, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The requested 1 Right Lumbar Spine Selective Nerve Root Injection, as an outpatient, is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." The injured worker has persistent low back pain radiating into the right hip, both thighs, legs, feet and groin. He had difficulty exercising secondary to pain and activity restrictions. He had difficulty with prolonged sitting, standing and walking. He noted restricted range of motion and walked with a limp. Magnetic Resonance Imaging of the lumbar spine in 2014, revealed disc herniation and lumbar listhesis. The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, 1 Right Lumbar Spine Selective Nerve Root Injection, as an outpatient is not medically necessary.