

Case Number:	CM15-0026208		
Date Assigned:	02/23/2015	Date of Injury:	04/19/2014
Decision Date:	04/01/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/11/2015

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: New Jersey, New York
 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 53 year old male, who sustained an industrial injury on 4/19/2014. The diagnoses have included sprain of lumbosacral (joint) (ligament). Treatment to date has included conservative measures. Currently, the injured worker complains of left hip and back pain, unchanged. There were no radicular symptoms to the lower extremities, except pain to the left hip. Back exam noted decreased range of motion and tenderness to palpation over the right lower lumbar and upper sacral regions. There were no focal lower extremity motor, sensory, or reflex deficits, except decreased slightly decreased strength effort of the left hip, secondary to pain. Current medications included Tylenol and Ibuprofen. Progress report, dated 11/03/2014, noted lumbar magnetic resonance imaging (9/09/2014) findings of mild to moderate multi-level degenerative disc disease and facet disease, most notable for mild left foraminal and left lateral recess stenosis at L5-S1. On 1/29/2015, Utilization Review non-certified a request for transforaminal epidural steroid injection at L5-S1, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left transforaminal Epidural Steroid Injection (ESI) @ L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: The request for a left transforaminal epidural steroid injection at L5-S1 is not medically necessary. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the chart, there isn't consistent documentation of exam findings that show a left-sided radiculopathy at L4, demonstrating deficits in motor strength, sensation, or reflexes to corroborate the MRI findings. The findings are nonspecific and do not specify a certain dermatome. The patient has been treated with conservative measures but there is no documentation of physical therapy that show a failure to improve after these treatment modalities. Therefore, the request is considered medically unnecessary.