

Case Number:	CM15-0068076		
Date Assigned:	04/15/2015	Date of Injury:	07/18/2013
Decision Date:	05/14/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/10/2015

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: Physical Medicine & Rehabilitation

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 a work related injury on 7/18/13. The diagnoses have included lumbar sprain, lumbago, lumbar disc displacement, lumbar radiculopathy and status post left hip surgery. Treatments have included medications, physical therapy and left hip surgery. In the PR-2 dated 3/9/15, the injured worker complains of left hip pain. He has radiating pain down into his left hip. The treatment plan is a referral back to pain specialist for epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up evaluation with a pain management specialist (lumbar): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back procedure summary online version.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7- Independent Medical Examinations and Consultations, page 127.

Decision rationale: Please see rationale for lumbar epidural below. As the lumbar epidural is not supported, the pain management consultation for the procedure is not supported. The Left L1, L2 transforaminal epidural steroid injection is not medically necessary and appropriate; thereby, the Follow-up evaluation with a pain management specialist (lumbar) for the epidural is not medically necessary and appropriate.

Left L1, L2 transforaminal epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steroid injections, page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any radicular symptoms, neurological deficits or remarkable diagnostics to support the epidural injections. There is no report of acute new injury, flare-up, or red-flag conditions to support for pain procedure. Criteria for the epidurals have not been met or established. The Left L1, L2 transforaminal epidural steroid injection is not medically necessary and appropriate.