MAXIMUS Federal Services

Case Number:	CM15-0070247		
Date Assigned:	04/17/2015	Date of Injury:	05/20/2014
Decision Date:	06/11/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/13/2015

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: Florida
Certification(s)/Specialty: Neurology, Pain Management

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 35 year old female, who sustained an industrial injury on 5/20/14. The injured worker has complaints of back pain radiating to the right buttock down into the right thigh area. The diagnoses have included lumbar radiculopathy and bulging lumbar disc. Treatment to date has included rest; ice; physical therapy; chiropractic treatment and non-steroidal anti-inflammatory drugs (NSAIDs); right L5-S1 epidural steroid injection with no improvement; magnetic resonance imaging (MRI) of the lumbar spine; lumbar spine radiographs and computerized tomography (CT) scan of the lumbar spine. The request was for right L5 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5 transforaminal epidural steroid injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, ESI.

Decision rationale: The medical records report radicular pain with physical exam findings. The notes report an ESI being done but reports no degree of pain improvement. ODG guidelines support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. As the records do not demonstrate the degree of improvement greater than 50%, the medical records do not support a repeat ESI. Therefore the request is not medically necessary.