

Case Number:	CM15-0074788		
Date Assigned:	04/24/2015	Date of Injury:	09/07/2014
Decision Date:	05/27/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/20/2015

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: Pennsylvania, Ohio, 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 45 year old male injured worker suffered an industrial injury on 09/07/2014. The diagnoses included joint pain left leg and pain in the thoracic spine. The injured worker had been treated with medications and physical therapy. On 9/25/2014, the treating physical therapist reported back pain 7/10 and worst pain at 8/10. There was impaired gait and loss of balance when standing on the left leg along with tenderness of the left knee. The lumbar spine had severe hypertonicity and tenderness along with reduced range of motion. The treatment plan included epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left L5 and S1 transforaminal epidural steroid injection (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

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

Decision rationale: MTUS recommends an epidural steroid injection for treatment of a radiculopathy. This guideline supports such an injection only if there is documentation of a radiculopathy by physical examination corroborated by imaging studies and/or electro diagnostic testing. The records in this case do not document such findings to confirm the presence of a radiculopathy at the requested level; rather the patient has a normal neurological examination without clear symptoms or diagnostic findings to collaborate a radiculopathy. This request is not medically necessary.