

Case Number:	CM15-0076243		
Date Assigned:	04/27/2015	Date of Injury:	11/03/2000
Decision Date:	05/29/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/21/2015

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 injured worker is a 55 year old male, who sustained an industrial injury on 11/3/2000. The current diagnoses are back pain, lumbar disc disorder without myelopathy, degenerative disc disease of the lumbar spine, spinal stenosis of the lumbar spine without claudication, status post lumbar spine surgery (2003), sciatica, radiculitis, and thoracic spine pain. According to the progress report dated 3/25/2015, the injured worker complains of moderate back pain with radiation to the bilateral upper/lower extremities. The pain is described as achy and constant. The pain on average is rated 6/10, 5/10 at its best, and 7/10 at its worse. The current medications are Prilosec and Clonazepam. Treatment to date has included medication management, X-rays, MRI studies, rest, acupuncture, facet injections, epidural steroid injections, and surgical intervention. The plan of care includes bilateral transforaminal injection at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal injection at L4-5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection 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 electrodiagnostic testing. The records in this case do not document such findings to confirm the presence of a radiculopathy at the requested level. This request is not medically necessary.