

Case Number:	CM15-0079656		
Date Assigned:	04/30/2015	Date of Injury:	08/25/2005
Decision Date:	06/04/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/27/2015

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:

This 32 year old man sustained an industrial injury on 8/25/2005. The mechanism of injury is not detailed. Evaluations include MRI arthrogram of the right wrist dated 4/1/2011. Diagnoses include low back pain, cervical degenerative disc disease, cervical radiculitis, intervertebral disc disorder with myelopathy, numbness, right elbow pain, and enthesopathy of the elbow. Treatment has included oral medications, lying down, physical therapy, and lumbar epidural steroid injection. Physician notes dated 1/29/2015 show complaints of neck and back pain rated 6-8/10. Recommendations include transforaminal lumbar epidural steroid injection, tramadol, Voltaren XR, urine toxicology testing, and Diclofenac.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) transforaminal epidural steroid injection bilaterally at L5-S1 under fluoroscopic guidance and sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, ESI Section.

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 provided for review do not document physical exam findings consistent with radiculopathy in association with plan for epidural steroid injection. 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 such the medical records do not support the use of ESI congruent with ODG guidelines. Therefore the request is not medically necessary.