

Case Number:	CM15-0079746		
Date Assigned:	04/30/2015	Date of Injury:	12/03/2001
Decision Date:	06/02/2015	UR Denial Date:	04/13/2015
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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 56 year old female, who sustained an industrial injury on 12/3/01. The injured worker was diagnosed as having low back pain and lumbar radiculopathy. Treatment to date has included oral medications including opioids, physical therapy and activity restrictions. Currently, the injured worker complains of continued low back pain and numbness with tingling down right lower extremity, she rates the pain 8/10. Physical exam noted moderately limited range of motion of lumbar spine with tenderness to palpation of lumbar paraspinal muscles bilaterally and mild pain with facet loading. The treatment plan included foraminal epidural steroidal injections of lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection Right L4-5 and L5-S1 x3: Upheld

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

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

Decision rationale: Guidelines recommend epidural steroid injections for radiculopathy documented by physical exam and corroborated by imaging studies and recommend no more than 2 ESI. In this case, there were no neurological deficits identified on exam and MRI failed to show any nerve root impingement. The request for epidural steroid injection right L4-5 and L5-S1 x 3 is not medically necessary and appropriate.