

Case Number:	CM13-0014323		
Date Assigned:	06/06/2014	Date of Injury:	09/21/2012
Decision Date:	07/25/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/20/2013

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51-year-old female who had an industrial injury on 9/21/12. She has chronic low back pain, left sided L4-5, L5-S1 radiculopathy confirmed by electromyography (EMG). Her exam reveals decreased muscle strength and decreased sensation along this dermatome. Within the 15 pages of medical records submitted, there is no indication as to what measures have been tried. It is unclear whether she has or has not benefited from anti-inflammatories, muscle relaxants, exercise, or physical therapy. There is no documentation of whether she has previously tried epidural injections for her lumbar pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTION AT LEFT L4-5 AND L5-S1 UNDER FLUOROSCOPY AND WITH SEDATION AS AN OUTPATIENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders>.

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

Decision rationale: The MTUS does allow Epidural Steroid Injections if certain criteria are met. This patient's documentation does not quite show enough of the needed information. She does meet their parameters of having a radiculopathy that is documented by physical exam and either confirmed by an MRI or EMG's. What is lacking, however, is whether she was unresponsive to conservative treatments (exercise, physical therapy, non-steroidal anti-inflammatory drugs (NSAIDs), or muscle relaxants). It is for this reason that the Authorization Request for an Epidural Steroid Injection under Fluoroscopy is not medically necessary.