

Case Number:	CM13-0015633		
Date Assigned:	12/27/2013	Date of Injury:	03/16/1984
Decision Date:	12/11/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/23/2013

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 Orthopedic Surgery, is Fellowship Trained in Adult Reconstruction Surgery, and is licensed to practice in Pennsylvania. 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:

The injured worker is a 61-year-old female who reported an injury on 03/16/1984. The mechanism of injury was not provided. 12/12/2013 the injured worker presented with reports of increased nausea and vomiting, and pain in the back radiating into the hip, buttocks and legs. She had complaints of cervical and bilateral lumbosacral radicular pain. Examination of the lumbar spine noted tenderness to palpation over the L5-S1 dermatomes. There was moderate to severe bilateral lumbar tenderness and spasm with a positive bilateral straight leg raise. There was decreased sensation to the right L4, L5, and S1 dermatomes. Other therapies included medications. The provider recommended an epidural steroid injection at the bilateral L4-5, L5-S1 and S1 under fluoroscopy with anesthesia. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection at bilateral L4--5, L5-S1, S1 under fluoroscopy with anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

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

Decision rationale: According to the California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging and/or electrodiagnostic testing. Additionally, documentation should show the injured worker was initially unresponsive to conservative treatment. Injections should be performed with the use of fluoroscopy provided at no more than 2 root levels should be injected using transforaminal blocks. The documentation submitted for review stated the injured worker had positive bilateral straight leg raise moderate tenderness over the L5-S1 dermatomes. 5/5 strength noted. Information is needed to corroborate MRI or electrodiagnostic testing with physical exam findings of radiculopathy. Additionally, the documentation failed to show the injured worker would be participating in an active treatment program following the requested injection. As such, medical necessity has not been established. The request for transforaminal epidural steroid injection at bilateral L4--5, L5-S1, S1 under fluoroscopy with anesthesia is not medically necessary.