

Case Number:	CM13-0018447		
Date Assigned:	06/13/2014	Date of Injury:	09/05/1995
Decision Date:	08/14/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/29/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 is a male patient with the date of injury of September 5, 1995. A Utilization Review was performed on August 20, 2013 and recommended non-certification of outpatient transforaminal epidural steroid injection bilateral L3 & L4. A Progress Report dated July 29, 2013 identifies Subjective Findings of back pain. He does report increasing pain on the left side of his low back, increased pain down his left anterior thigh. He does report radiation of pain and numbness down both legs down to feet. Objective Findings identify decreased sensation L4, L5 and S1 dermatomes bilaterally. Tibialis anterior, EHL, inversion, eversion 4/5 on the right. Diagnoses identify lumbar radiculopathy and canal stenosis. Treatment Plan identifies request a transforaminal epidural injection bilaterally at L3 and L4.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT TRANSFORAMINAL EPIDURAL STEROID INJECTION BILATERAL L3 & L4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for outpatient transforaminal epidural steroid injection bilateral L3 & L4, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Within the documentation available for review, subjective complaints and objective examination findings do support a diagnosis of radiculopathy. However, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. In the absence of such documentation, the currently requested outpatient transforaminal epidural steroid injection bilateral L3 & L4 is not medically necessary and appropriate.