

Case Number:	CM13-0044955		
Date Assigned:	12/27/2013	Date of Injury:	11/09/2011
Decision Date:	05/16/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/31/2013

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 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:

The injured worker is a 59-year-old female who reported an injury on 09/26/2013 after a fall of several feet. The injured worker's treatment history included physical therapy, multiple medications and cognitive behavioral therapy. The most recent evaluation of the injured worker was dated 08/23/2013. It was documented that the injured worker had complaints of the neck and back. It was documented that the injured worker had a lumbar MRI that revealed a 7.1 spondylolisthesis of the L5 on the S1 and severe canal stenosis and neural foraminal stenosis. The injured worker's diagnoses included lumbar disc syndrome, spondylolisthesis of the L5 on the S1 and cervical discogenic pain. The injured worker's treatment plan included chiropractic care and a referral for a neurosurgical evaluation. A request was made for a left transforaminal epidural steroid injection at the L4-5 and L5-S1. However, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT TRANSFORAMINAL EPIDURAL STEROID INJECTION AT L4-L5 AND L5-S1:
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 Steroid Injections Page(s): 46.

Decision rationale: The requested left transforaminal epidural steroid injection at the L4-5 and L5-S1 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients who have findings of radiculopathy on physical examination that are supported by an imaging study or an electrodiagnostic study that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has ongoing neck and lumbar pain. It was also noted that the injured worker had undergone an MRI. However, an independent report of that MRI was not provided for review. Additionally, the injured worker's most recent clinical evaluation submitted for review was in 08/2013. There was no documentation of neurological deficits that would benefit from an epidural steroid injection. As such, the requested left transforaminal epidural steroid injection at the L4-5 and L5-S1 is not medically necessary or appropriate.