

Case Number:	CM13-0050986		
Date Assigned:	02/24/2014	Date of Injury:	12/28/2007
Decision Date:	04/30/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/13/2013

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 Anesthesiology and Pain Management, and is licensed to practice in Florida. 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 patient is a 37-year-old male who reported an injury on 12/28/07. The mechanism of injury was lifting heavy objects at work. The patient has undergone multiple right L5-S1 lumbar epidural steroid injections. The patient had complaints of severe right-sided L5 and S1 radicular pain with occasional foot drop. The physical examination revealed the patient had no heel or toe walk weakness. The lower extremity reflexes were equal and symmetric. The patient had a positive straight leg raise test on the right at L5 and S1. The patient was able to flex with hands to the knees with pain and extension caused back pain bilaterally on testing. The patient had 2+ deep tendon reflexes with 5/5 strength except for right-sided hip flexion being 5-/5. The patient's diagnosis included lumbar radiculitis, lumbar degenerative disc disease, back pain, lumbosacral spondylosis, and lumbar disc bulge. The request was made for a transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL ESI 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 Page(s): 46.

Decision rationale: The California MTUS guidelines state that there must be documented objective pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks to recommend repeat epidural steroid injections. The clinical documentation submitted for review failed to meet the above criteria. The physical examination indicated that the patient had a positive straight leg raise; however, there was a lack of documentation indicating that the patient had radiating pain with the straight leg raise. There was a lack of documentation indicating that the patient had dermatomal findings or myotomal findings to support the request. The request as submitted failed to indicate the laterality for the request. Given the above, the request for a transforaminal epidural steroid injection at L5-S1 is not medically necessary.