

Case Number:	CM13-0061803		
Date Assigned:	06/09/2014	Date of Injury:	12/12/2012
Decision Date:	07/15/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/05/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 30 year old female who sustained an injury to her low back on 12/12/12. The mechanism of injury was not documented. Magnetic resonance imaging of the lumbar spine dated 03/02/13 revealed disc extrusion at L3-4 causing severe central spinal stenosis and left lateral recess stenosis with compression of the cauda equina and descending L4 nerve; disc bulge with annular fissure at L4-5 causing mild central canal narrowing. The treatment to date included physical and injection therapy. The injured worker reported pain radiating into the bilateral lower extremities. Physical examination noted L4-5 sensory deficits. The patient was recommended for epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L3-L4 TRANFORAMINAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections Page(s): 46.

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

Decision rationale: The request for left L3-4 transforaminal epidural steroid injection is not medically necessary. The previous request was denied on the basis that there were no recent

clinical findings submitted for review supporting the need for additional injection. Additionally, there was no objective documentation of functional improvement as a result of the previous epidural steroid injection. Recent physical examination findings did not correlate with imaging reports submitted that would indicate an active radiculopathy at L4-5. Given the clinical documentation submitted for review, medical necessity of the request for left L3-4 transforaminal epidural steroid injection has not been established.