

Case Number:	CM13-0065677		
Date Assigned:	01/03/2014	Date of Injury:	02/16/2004
Decision Date:	04/24/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/21/2013

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 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 patient is a 58-year-old claimant has a date of injury of 2/16/04 and has been treated for back and leg pain. There is concern over radiculopathy. The claimant was seen in the office by [REDACTED] on 10/22/13 with complaints of back pain radiating to the lower extremities. The examination demonstrated decreased sensation in the bilateral lower extremities at the L4, L5, and S1 dermatomes. The report of the most recent MRI which was obtained in 2007 demonstrated L5-S1 degenerative disc disease with no evidence of a neurocompressive lesion. L5-S1 transforaminal epidural steroid injections were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L5-S1 TRANSFORAMINAL ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Epidural Steroid Injection.

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

Decision rationale: Bilateral L5-S1 transforaminal epidural steroid injections would not be considered medically necessary and appropriate in this case based upon the CA MTUS Chronic Pain 2009 Guidelines. The Chronic Pain Guidelines specifically state under criteria for use of an

epidural steroid injection that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there is decreased sensation in the L4, L5, and S1 dermatomes bilaterally. The most recent imaging study was performed in 2007 which demonstrated no evidence of a neurocompressive lesion which could account for a radicular problem. No electrodiagnostic testing results have been provided. Absent convincing evidence of a neurocompressive lesion or electrodiagnostic evidence of a radicular problem, bilateral L5-S1 transforaminal epidural steroid injections cannot be certified in this case.