

Case Number:	CM13-0066755		
Date Assigned:	01/03/2014	Date of Injury:	06/06/2006
Decision Date:	04/21/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/17/2013

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 Texas and Ohio. 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 51-year-old male patient with a reported date of injury 06/06/2006. The mechanism of injury was not provided. The patient is status post transforaminal lumbar interbody fusion at L5-S1 on 02/07/2012; stenosis of the lumbar spine; lumbar radiculopathy. Objective findings indicate diminished sensation of the left L4, L5, and S1 dermatomes, and 5-/5 in bilateral lower extremities. Medications listed: Amitriptyline 25mg, DucoSate/Sennosides 50/8.6mg, Tramadol 150mg ER, Omeprazole 20mg, Lidoderm topical ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Transforaminal Epidural Steroid Injection at Left L4 and L5: Upheld

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

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

Decision rationale: The CA MTUS Guidelines state, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The purpose of ESI is to reduce pain and inflammation, restoring range of motion

and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit." The request for the transforaminal epidural steroid injection at left L4 and L5 is non-certified. Although there were objective findings of radicular symptoms in this dermatome and sensory deficits and the CA MTUS Guidelines do recommend epidural steroid injections as an option for treatment of radicular pain when the radicular pain is corroborated by diagnostic imaging, the documentation submitted for review did not include the response to medications and there was a lack of diagnostic test findings to corroborate radiculopathy. As such, the request is non-certified.