

Case Number:	CM13-0068580		
Date Assigned:	01/03/2014	Date of Injury:	06/22/2008
Decision Date:	05/23/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/19/2013

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, Pain Medicine 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 injured worker is a 57-year-old male who reported an injury on 06/22/2008. The mechanism of injury involved a fall. Current diagnoses include chronic low back pain, status post lumbar fusion, lumbar radiculopathy, and bilateral knee pain. The injured worker was evaluated on 10/30/2013. The injured worker reported persistent lower back pain with radiation to bilateral lower extremities. Physical examination revealed limited lumbar range of motion, 4/5 strength on the left, diminished sensation in the left lower extremity, and 2+ deep tendon reflexes bilaterally. Treatment recommendations included continuation of current medication and an appeal request for an L4-5 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L4-5 TRANSFORAMINAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Section Page(s): 46.

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

Decision rationale: The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other

rehab efforts. The injured worker does demonstrate limited range of motion, diminished strength, and decreased sensation in the left lower extremity. However, there were no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of radiculopathy. There is also no evidence of unresponsiveness to recent conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. It is also noted that the injured worker was previously treated with an epidural steroid injection. There was no evidence of at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks following the initial injection. Therefore, the injured worker does not meet criteria for the requested procedure. As such, the request for left L4-5 transforaminal epidural steroid injection is not medically necessary.