

Case Number:	CM13-0069477		
Date Assigned:	01/03/2014	Date of Injury:	08/15/2011
Decision Date:	05/28/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/23/2013

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, has a subspecialty in Fellowship trained in Spine Surgery and is licensed to practice in California and Texas. 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 61 year old female with a reported injury date of 08/15/2011; the mechanism of injury was not provided. Diagnoses included C5-C6 radiculopathy, left rotator cuff tear, and L5-S1 radiculopathy. The clinical note dated 01/15/2014 noted that the injured worker wanted to wait for pending oral surgery before being treated for other complaints. Objective findings included positive sciatic notch tenderness and normal motor and sensory examination of the lower extremities bilaterally. It was recommend that the injured worker receive a C5-C6 and L5-S1 epidural steroid injection and left rotator cuff surgery. The request for authorization of L5-S1 bilateral selected transforaminal ESI was submitted on 12/03/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT L5-S1 BILATERAL SELECTED TRANSFORAMINAL EPIDURAL STEROID INEJECTION (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Low Back; Epidural Steroid Injections (ESI).

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

Decision rationale: It was noted that the injured worker wanted to wait for pending oral surgery before being treated for other complaints. Objective findings included positive sciatic notch tenderness and normal motor and sensory examination of the lower extremities bilaterally. The California MTUS guidelines recommended the use of epidural steroid injections as an option for the treatment of radicular pain. The guidelines also state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guidelines recommend documentation of quantified unresponsiveness to conservative treatment should be present. Injections should be performed using fluoroscopy (live x-ray) for guidance. The medical necessity for an epidural steroid injection of the L5-S1 cannot be established due to the lack of evidence of symptomology related to lumbar radicular pain, lack of corroboration by imaging studies, and the lack of adequate documentation of unresponsiveness to conservative treatment. Furthermore, the request does not include the use of fluoroscopy for the procedure. As such the request for an outpatient L5-S1 bilateral selected transforaminal epidural steroid injection is not medically necessary.