

Case Number:	CM14-0101138		
Date Assigned:	07/30/2014	Date of Injury:	10/17/1994
Decision Date:	10/02/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/01/2014

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 and is licensed to practice in Arizona. 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 59-year-old female who suffered a work-related injury on many years ago on 10/17/1994. Since the injury she has back pain radiating down both lower extremities. The patient was examined by the treating physician on 6/06/2014. Limited range of motion of the lumbar spine is noted. She was complaining of pain radiating to the inner thigh going upwards. She was also complaining of pain in the left hip. She was found to have sensory deficit in the L5-S1 dermatome; exact location was not described. Ankle reflexes were absent bilaterally. Left knee reflex is decreased. It does not mention whether she had distal weakness, particularly of the L5-S1 myotomes. She underwent one L5-S1 transforaminal epidural injection with about 50% pain relief. Second injection was recommended and was denied by a medical reviewer subsequently.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) criteria for the use of epidural steroid injections

Decision rationale: Pain relief from the first injection was about 50% and short lasting. MRI of the lumbar spine shows multiple disc bulges at several levels. The L5-S1 level was elected for epidural injection. Based on the examination and history, it is not quite clear that she is objectively suffering from L5 or S1 radiculopathy. Symptoms are bilateral and diffuse. Therefore according to the guidelines and based on the clinical picture, epidural injection at L5-S1 is not clinically indicated.