

Case Number:	CM14-0101886		
Date Assigned:	09/24/2014	Date of Injury:	07/11/2000
Decision Date:	11/24/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/02/2014

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 Pain Management 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 injured worker is a 59-year-old male who sustained an injury on July 11, 2000. He is diagnosed with (a) lumbosacral disc degeneration, (b) thoracolumbar radiculitis, and (c) lumbago. He was seen for an evaluation on May 13, 2014. He reported complaint of low back pain with radiation to the left foot. The pain was described as gradual, moderate, achy, burning, and shooting. It was aggravated by daily activities, standing, and walking. He had his last left transforaminal epidural steroid injection on March 4, 2014, which afforded him two days of approximately 30% pain relief. He stated that previous injections provided 80% pain relief for two months and was scheduled for another injection on June 4, 2014. An examination revealed full range of motion of the lumbar spine with mild pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection (ESI) x2, l3-4 under fluoroscopic guidance:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for L3-4 transforaminal epidural steroid injection under fluoroscopic guidance is not medically necessary at this time. Criteria for the use of epidural steroid injections as stipulated by the guidelines have not been adequately met. Guidelines state that there should be documentation of findings of radiculopathy through physical examination and imaging or electrodiagnostic studies. No objective findings were found that was indicative of radiculopathy. No imaging or electrodiagnostic studies were found as well. More so, there was no documentation of failure of conservative therapy to warrant the use of epidural steroid injection. Review of medical records revealed that medications remained to be effective in managing his pain. On these grounds, the request for L3-4 transforaminal epidural steroid injection under fluoroscopic guidance is considered not medically necessary at this time.