

Case Number:	CM14-0014615		
Date Assigned:	02/28/2014	Date of Injury:	08/17/2012
Decision Date:	08/11/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/05/2014

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 Occupational Medicine 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:

This is a 60-year-old female with an 8/17/12 date of injury. 8/24/13 progress report indicates consistent back pain radiating to bilateral lower extremities. Physical exam demonstrates lumbar tenderness, limited lumbar range of motion, unremarkable extremity neurologic findings and negative straight leg raise test. 11/6/13 progress report indicates persistent low back pain radiating to her lower extremities. Physical exam demonstrates lumbar tenderness, no focal neurologic deficits, limited lumbar range of motion. 12/27/13 progress report indicates persistent low back pain radiating to her lower extremities. Physical exam demonstrates lumbar tenderness, limited lumbar range of motion. Treatment to date has included TENS unit, physical therapy, medication, and activity modification. There is documentation of her previous 1/29/14 adverse determination for lack of positive clinical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTION, L3-5 LEFT BILATERAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF EPIDURAL STEROID INJECTIONS Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation AMA Guides Radiculopathy.

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. However, there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. A formal imaging report was not made available for review. Therefore, the request for Transforaminal Lumbar Epidural Steroid Injection, L3-5 Left Bilateral was not medically necessary.