

Case Number:	CM14-0017816		
Date Assigned:	04/16/2014	Date of Injury:	07/30/2011
Decision Date:	06/03/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/12/2014

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 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 40 year old female who reported an injury on 07/30/2011 secondary to lifting. The diagnoses are chronic low back pain and chronic bilateral knee pain. The injured worker was evaluated on 08/29/2013 for re-evaluation after L4-L5 transforaminal epidural steroid injection on 08/07/2013. The exam noted she did not respond to the injection and additional steroid injections or transforaminal blocks would be indicated at that time. The injured worker was evaluated on 12/19/2013 for reports of persistent numbness and tingling pain to the left lower extremity through the posterior thigh calf and bottom of the foot and for an electrodiagnostic study of the left leg. The exam noted positive straight leg raise and sensory changes to the S1 nerve distribution. The electrodiagnostic study of the left lower extremity was normal. The treatment plan included continued medications and epidural steroid injection. There is no evidence of request for authorization or rationale in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT LEFT L4-L5 AND S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION: Upheld

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

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

Decision rationale: The request for outpatient left L4-L5 and S1 transforaminal epidural steroid injection is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines Epidural Steroid Injections state epidural steroid injections are recommended treatment for radicular pain with a second injection if partial success is noted with the first injection. The radiculopathy should be documented and corroborated by imaging or electrodiagnostic studies and unresponsive to conservative treatment. The injections should be performed using fluoroscopy for guidance and no more than two nerve root levels and one intralaminar level should be injected in one session. Repeat injections should be based on objective documentation of pain and functional improvement. The injured worker does not show objective findings of left lower extremity radicular pain; however, the electrodiagnostic studies do not corroborate the findings. There is no indication if the injection will be performed with fluoroscopy. The injured worker reported no relief after prior L4-L5 transforaminal epidural steroid injection. Therefore, based on the records received, the request is not medically necessary.