

Case Number:	CM14-0018031		
Date Assigned:	04/16/2014	Date of Injury:	09/08/2006
Decision Date:	06/30/2014	UR Denial Date:	02/11/2014
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, has a subspecialty in Interventional Spine 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 patient with a date of injury of 9/8/06. A utilization review determination dated 2/11/14 recommends not medically necessary of a left transforaminal ESI L5-S1. 1/16/14 medical report identifies pain level increased and activity level decreased. On exam, there is limited lumbar ROM, paravertebral tenderness, positive facet loading, and positive SLR on the left at 45 degrees. Dorsiflexor strength is 5-/5 left and plantar flexor 4+/5 left with decreased sensation over lateral and medial foot and lower extremity on the left. LESI was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL LUMBAR EPIDURAL INJECTION L5-S1 ON THE LEFT SIDE, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural Steroid Inject.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20-9792.26 and 46 of 127 Epidural steroid injecti.

Decision rationale: Regarding the request for Transforaminal Lumbar Epidural Injection L5-S1 on the left side, Chronic Pain Medical Treatment Guidelines state that epidural injections are

recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. They note that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. In the absence of such documentation, the currently requested Transforaminal Lumbar Epidural Injection L5-S1 on the left side is not medically necessary.