

Case Number:	CM14-0126769		
Date Assigned:	08/13/2014	Date of Injury:	02/25/2010
Decision Date:	09/11/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/11/2014

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 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:

This is a male patient with the date of injury of February 25, 2010. A Utilization Review was performed on July 29, 2014 and recommended non-certification of transforaminal injection right side L4-L5 under fluoroscopy. A Progress Report dated July 2, 2014 identifies Subjective Complaints of severe spasms and numbness in the RLE. Objective Findings identify antalgic gait. Difficult to assess heel-walk and toe-walk bilaterally due to pain. Positive lumbar tenderness. LS spine ROM decreased 40%. Diagnoses identify L4-5 listhesis, SS, DDD, and chronic pain syndrome. Treatment Plan identifies UDS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal injection right side L4-L5 under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), criteria for the use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Regarding the request for transforaminal injection right side L4-L5 under fluoroscopy, 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. Within the documentation available for review, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. In the absence of such documentation, the currently requested transforaminal injection right side L4-L5 under fluoroscopy is not medically necessary.