

Case Number:	CM14-0129083		
Date Assigned:	08/18/2014	Date of Injury:	11/12/2009
Decision Date:	09/18/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/13/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 51-year old male whose date of injury is 11/12/2009. The mechanism of injury is described as heavy lifting at work. Treatment to date includes physical therapy, epidural steroid injection in 2011 and chiropractic treatment. Lumbar MRI dated 01/28/14 revealed at L4 to L5 grade 1 degenerative anterolisthesis with 3 millimeter disc bulge and facet and ligamentum flavum hypertrophy with narrowing of the bilateral lateral recess with potential for impingement on the traversing right greater than left L5 nerve roots and mild central canal narrowing, moderate severe right and moderate left neural foraminal narrowing, L3 to L4 there is a 3 millimeter disc osteophyte complex with mild narrowing of the lateral recess, no significant central canal narrowing, and moderate to severe right and mild left neural foraminal narrowing. Note dated 07/24/14 indicates that straight leg rising is positive at 45 degrees on the left, weakness of left knee extension and dorsiflexion of left ankle. Diagnoses are sprain or strain of lumbar region, lumbar radiculopathy, and osteoarthritis of back.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: Based on the clinical information provided, the request for transforaminal lumbar epidural steroid injection is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The request is nonspecific and does not indicate the level or laterality to be injected. Therefore, Transforaminal lumbar epidural steroid injection is not medically necessary.