

Case Number:	CM14-0129968		
Date Assigned:	08/20/2014	Date of Injury:	02/26/2014
Decision Date:	09/23/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/14/2014

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 Orthopedic Surgery 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 claimant is a 42-year-old gentleman who developed low back and bilateral lower extremity pain in a work related accident on February 26, 2014. The medical records provided for review include a progress report dated May 28, 2014 that documented physical examination of the left lower extremity to reveal 4+/5 strength with hip flexion and knee extension and globally diminished pinprick sensation. The report of an MRI dated March 19, 2014 identified at the L5-S1 level diffuse disc desiccation without loss of disc height, and a disc protrusion slightly eccentric to the left with possible contact of the exiting left S1 nerve root. The medical records did not document a history of receiving any prior injection therapy. This review is for a right sided L5-S1 transforaminal injection in this individual.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection L5-S1 Right side: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 46.

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the request for a transforaminal Epidural Steroid Injection on the right side at L5-S1 cannot be recommended as medically necessary. The Chronic Pain Guidelines recommend that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Although the MRI shows a disc protrusion and abutment of the nerve root on the left at the L5-S1 level, and the claimant's objective physical examination findings are on the left, the epidural steroid injection is requested for the right side at L5-S1. In the absence of clinical correlation between the claimant's left sided physical examination findings, left sided imaging results at L5-S1 and the request for the injection on the right side of L5-S, and the lack of an electrodiagnostic study for clarification, the injection as requested is not medically necessary.