

Case Number:	CM14-0158376		
Date Assigned:	10/01/2014	Date of Injury:	09/26/2013
Decision Date:	11/13/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/26/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

Medical records for the injured worker dated in an 8/8/14 note indicate pain in the back. The pain is radiating into the right foot. In previous treatment of L-ESI is reported to not be helpful. Physical Therapy and H-wave treatment were not helpful in past. Chiropractic treatment provided temporary help. Examination notes 4/5 strength in the right iliopsoas, EHL, posterior tibial and peroneal muscle groups. 7/2/14 MRI of lumbar spine notes L5-S1 right paracentral focal disc protrusion abutting the thecal sac. 7/29/14 note indicates pain in the back with radiation down the right leg. Examination notes decreased sensation in the right lateral foot. Right ankle jerk is reduced at .

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Transforaminal Lumbar Epidural Injection right L4-L5 and L5-S1 under Fluoroscopic Guidance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Note: The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use and avoiding surgery, but this treatment alone offers no significant long-term

functional benefit. (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and

Decision rationale: The ODG guidelines indicate that repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. The medical records provided for review indicate physical exam findings consistent with radiculopathy but no corroboration by EMG and imaging and notes that a ESI previously done did not provide any significant relief. Given the lack of pain relief, repeat injection of epidural steroid injection is not supported under ODG guidelines. The request is not medically necessary.