

Case Number:	CM14-0170279		
Date Assigned:	10/20/2014	Date of Injury:	07/30/2012
Decision Date:	12/26/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/15/2014

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 American Board of Internal Medicine 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 injured worker is a 50-year-old date of injury July 30, 2012. The working diagnoses were left sciatica L5 - S1 exacerbation from prior condition that was asymptomatic prior to 2013 foot surgery. A review of the medical record from the orthopedic surgeon indicates the injured worker has ongoing symptoms in his left foot. EMG and nerve conduction velocity studies were essentially normal in the left lower extremity. He complains of back pain has become worse since surgery. Physical examination demonstrates tenderness over the left superior iliac crest as well as the left sciatic notch. The injured worker underwent physical therapy. The treating physician requested authorization for left epidural steroid injection under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Transforaminal Epidural Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low back, Epidural Steroid Injection

Decision rationale: Pursuant to the Official Disability Guidelines, the left transforaminal epidural injection is not medically necessary. The guidelines enumerated criteria for epidural steroid injections (ESI). The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress to more active treatment programs, reduction of medication use in avoiding surgery but this treatment alone offers no significant long-term benefit. The criteria include, but are not limited to, radiculopathy (due to herniated nucleus pulp process but not spinal stenosis must be documented. Radiculopathy must be corroborated by imaging studies and or Electrodiagnostic testing. See the ODG for additional details. In this case, the injured worker is 50 years old with a date of injury July 30, 2012. The working diagnosis was left sciatica L5 - S1 exacerbation from prior condition that was asymptomatic prior to his 2013 foot surgery. MRI showed minimal posterior protrusion of disc without significant stenosis L1 - L2; no significant protection or stenosis L2 - L3; minimal disc bulge without significant stenosis L3 L4; mild disposed without significant stenosis L4 - L5; and moderate disc protrusion 5 mm with facet hypertrophy causing moderate for a nominal narrowing at L5 - S1. An EMG/NCV was performed (documented in the medical record) that was negative for radiculopathy. The MRI does not show a herniated nucleus pulp process and Electrodiagnostic studies were negative for herniated disc. Radiculopathy was not objectively documented and Electrodiagnostic studies were negative. Consequently, the left transforaminal epidural steroid injection is not medically necessary.