

Case Number:	CM14-0178660		
Date Assigned:	11/03/2014	Date of Injury:	06/12/2008
Decision Date:	12/08/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/28/2014

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:

10/14/14 note indicates the injured worker (IW) doing well since shoulder surgery. The IW reports increase in back pain and had an ESI (epidural steroid injection) in 2011 that "significantly improved the back pain and leg pain." Examination notes limited lumbar range of motion with positive left SLR (straight leg raise) and decreased sensation in the left L5 dermatome.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left L5-S1 Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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, ESI (epidural steroid injection)

Decision rationale: ODG guidelines indicate that repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. The use of ESI is for patients with radicular pain corroborated by physical examination with MRI and/or EMG. The medical records provided for review indicate physical exam findings

consistent with radiculopathy but does not demonstrate or document corroboration by imaging or EMG. Previous ESI was performed with subjective benefit but gave no quantitative assessment of degree of improvement or indicated duration of improvement. Given the lack of MRI or EMG corroboration, injection of epidural steroid injection is not supported under ODG guidelines. The request is not medically necessary.