MAXIMUS Federal Services

Case Number:	CM14-0186192		
Date Assigned:	11/14/2014	Date of Injury:	04/23/2014
Decision Date:	12/23/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/07/2014

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 Surgeon, has a subspecialty in Spine Surgeon and is licensed to practice in New Jersey. 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 45-year-old female who reported an injury on 04/23/2014. The mechanism of injury was reported as the injured worker was attempting to lift a tray of food and felt a strain to the low back. On 09/15/2014, the injured worker presented with low back and lower extremity pain. The diagnoses were lumbar strain, L4-5 disc protrusion with bilateral lumbar radiculopathy, obesity, and deconditioning. Upon examination, there was a negative bilateral straight leg raise, intact sensation to the bilateral lower extremities, with decreased right sided lumbar lordosis noted. The provider recommended a bilateral L4 transforaminal epidural steroid injection with fluoroscopy. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 transforaminal epidural steroid injection with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints and Epidural Steroid Injection.

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

Decision rationale: The request for a bilateral L4 transforaminal epidural steroid injection with fluoroscopy is not medically necessary. According to the California MTUS Guidelines recommend, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, the documentation should show the injured worker was initially unresponsive to conservative treatment. Injections should be performed with the use of fluoroscopy for guidance and no more than 2 root levels should be injected using transforaminal blocks. The documentation submitted for review failed to show if the injured worker had completed initially recommended conservative treatment to include physical therapy and medications. There was no evidence of MRI or electrodiagnostic findings to corroborate with physical examination findings of radiculopathy. In addition, the documentation failed to show the injured worker would be participating in an active treatment program following the requested injection. As such, based on the above, the request is not medically necessary.