

Case Number:	CM14-0030295		
Date Assigned:	06/20/2014	Date of Injury:	09/30/2010
Decision Date:	07/21/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/10/2014

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 Physical Medicine and Rehabilitation 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:

This 51 year-old patient sustained injuries to the neck, low back, right shoulder and wrist/hand on 9/30/10 from a slip and fall while employed by [REDACTED]. Request under consideration include Bilateral L4-5 transforaminal epidural steroid injection. Diagnoses include Lumbar disc degeneration/ Lumbar radiculopathy. Lumbar spine MRI dated 10/21/11 showed degenerative disc protrusion at L4-5 with mild foraminal narrowing without canal stenosis or nerve root impingement. AME report of 5/16/12 noted no demonstrated findings of lumbar radiculopathy with diagnoses of lumbar sprain/strain and probable fibromyalgia. Report from pain management provider dated 5/2/13 noted patient with chronic low back pain radiating to legs and feet more on right side with exam findings of positive SLR; however, without demonstrated neurological deficits. Follow-up report of 2/4/14 again noted low back complaints radiating to right thigh with right foot numbness. Exam indicated positive SLR and sensory deficit at right L4-5. The request for Bilateral L4-5 transforaminal epidural steroid injection was non-certified on 2/20/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 transforaminal epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
EPIDURAL STEROID INJECTIONS (ESIs) Page(s): 46.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. The patient continues with unchanged symptom severity, unchanged clinical findings without decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this chronic 2010 injury. Criteria for the epidurals have not been met or established. The Bilateral L4-5 transforaminal epidural steroid injection is not medically necessary and appropriate.