

Case Number:	CM14-0030721		
Date Assigned:	06/20/2014	Date of Injury:	06/05/2008
Decision Date:	07/22/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/11/2014

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, has a subspecialty in Pain 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 patient is a 64 year old female with an industrial injury date of 6/5/2008. The medical records document the patient has several other work-related injury claims involving various parts, such as shoulders, thumb and cervical spine. A prior UR determination was completed on 2/25/2014, wherein recommendations was given to non-certify the requested TFESI right L4-5, L5-S1. According to the review report, records available for review included lumbar MRI dated 1/13/2013, and orthopedic reports, 2/18/2014, 12/5/2013, 11/13/2013. Reportedly, the 1/13/2013 lumbar MRI revealed degenerative changes at L2-3, L3-4, L4-5 and secondary scattered neural foraminal stenosis most severe at left L5-S1. The patient underwent an AME on 2/26/2014 (report dated 3/24/2014). According to the medical examination, the patient's lower extremity reflexes bilaterally symmetrical. According to the records, a panel QME supplemental report dated 3/01/2012 references review of records that included a procedure note dated 1/25/2012 that documents the patient had undergone transforaminal epidural steroid injection, bilateral L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

TFESI (right) L-4, L5-S1: 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: According to the CA MTUS guidelines, an epidural steroid injection is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines outline that the first criterion for ESI is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical reports do not document objective findings and corroborative diagnostics that correlate to an active lumbar radiculopathy. The medical records do not provide documentation of correlative clinical findings consistent with a current active lumbar radiculopathy. In addition, failure of a recent course of conservative treatment has not been established. Finally, response of the patient to prior LESI (lumbar epidural steroid injection), established good response to the prior procedure has not been documented by the records provided. Consequently, the medical necessity of the request is not established. The request is not medically necessary.