

Case Number:	CM14-0042284		
Date Assigned:	06/30/2014	Date of Injury:	08/16/2010
Decision Date:	08/19/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/09/2014

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 Nevada. 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 55-year-old female who was reportedly injured on August 16, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated February 26, 2014, indicates that there are ongoing complaints of low back pain radiating to the lower extremities. Current medications include Norco, Anaprox and Prilosec. The physical examination demonstrated tenderness of the lumbar paraspinal muscles and pain with lumbar extension. There was a positive straight leg raise test at 60 on the left greater than right side and decreased sensation at the lateral aspect of the right thigh and calf. Diagnostic imaging studies reported a broad-based annular protrusion at L4/L5 with facet arthropathy and a 4mm paracentral disc protrusion at L5/S1 also with facet arthropathy. Electromyogram testing of the lower extremities was normal. Previous treatment includes lumbar epidural steroid injections which provided 60% pain relief for four months time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided transforaminal lumbar epidural steroid injection at L5-S1 right side: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 46 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) guidelines allows for epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the (CAMTUS) guidelines. Specifically, there is no objective documentation of any nerve root involvement on magnetic resonance image or on electromyogram studies. Therefore this request for fluoroscopically guided transforaminal lumbar epidural steroid injection at L5/S1 on the right side is not medically necessary.

Fluoroscopically guided transforaminal lumbar epidural steroid injection at L5-S1 left side:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 46 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) guidelines allows for epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the (CAMTUS) guidelines. Specifically, there is no objective documentation of any nerve root involvement on magnetic resonance image or on electromyogram studies. Therefore this request for fluoroscopically guided transforaminal lumbar epidural steroid injection at L5/S1 on the right side is not medically necessary.