

Case Number:	CM14-0047335		
Date Assigned:	07/02/2014	Date of Injury:	09/18/2004
Decision Date:	08/20/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/15/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 45 year old female with a date of injury on 9/18/2004. Diagnoses include lumbar arthrodesis, prior discectomy at L2-3, sacroiliac joint dysfunction, and right foot derangement. Subjective complaints are of a marked increase in right low back and right leg pain. Right leg goes numb with sitting, and patient has fallen several times. Physical exam shows antalgic gait on the right, weakness with right heel rise, decreased sensation over L2-3 dermatomes, and a positive right straight leg raise. Medications include Oxycodone, Hydromorphone, Butrans, and a steroid taper. MRI of the lumbar spine from 2/12/2014 showed intraforaminal herniation on the right at L2-3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection at Right L2-L3: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines ESI (Epidural Steroid Injection) Page(s): 46.

Decision rationale: CA MTUS notes that the purpose of epidural steroid injection (ESI) is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in

more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Criteria for epidural steroid injections must show documented radiculopathy on physical exam and corroborated by imaging studies and/or electrodiagnostic testing. For this patient there are objective signs of nerve root involvement on physical exam and MRI demonstrates intraforaminal disc herniation. Therefore, the request for Transforaminal Epidural Steroid Injection at Right L2-L3 is medically necessary and appropriate.