

Case Number:	CM14-0049203		
Date Assigned:	06/25/2014	Date of Injury:	10/19/2007
Decision Date:	07/23/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/26/2014

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 Neurology,, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 January 30, 2014 PR-2 notes pain in the low back and neck. The injured worker was requesting injections for treatment. The injured worker has h/o ACDF of C5-6 in 2008. Examination noted decreased sensation to pinwheel in both hands and altered sensory perception in L3-4 and L4-5 with straight leg raise positive on right at 50 degrees. Trigger point injections were performed. MRI was reported by treating physician to show contact with the lateral aspect of the right L3 nerve at L3-4 and L4-5. I request for bilateral ESI was noted. The March 28, 2013 AME is reported to have indicated that the injured worker "did not get much relief for previous epidural injections."

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Transforaminal Lumbar Epidural Steroid Injection at the Bilateral L3-L4 and L4-L5:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, epidural injections.

Decision rationale: The medical records provided for review do not indicate corroboration of radicular findings by exam as MRI reports are not provided demonstrating correlation. There are no abnormal neurophysiology testing results that corroborate lumbar radiculopathy. The medical records report history of previous epidurals being performed without benefiting the injured worker. ODG guidelines do not support epidural steroid injections if previous injections have not demonstrated at least 50% pain improvement with functional improvement. As such the medical records provided for review do not support performance of epidural injection congruent with ODG guidelines. The request for one transforaminal lumbar epidural steroid injection at the bilateral L3-L4 and L4-L5 is not medically necessary or appropriate.