

Case Number:	CM14-0056241		
Date Assigned:	07/09/2014	Date of Injury:	10/30/2012
Decision Date:	08/29/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/25/2014

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 54 year old male with a date of injury on 10/30/2012. Diagnosis is of lumbosacral neuritis. Subjective complaints are of low back pain with radiation to the left leg. Physical exam shows tenderness over the lumbar paraspinal muscles, and decreased range of motion. There is a positive left straight leg raise test. Sensation, motor function, and reflexes of the lower extremity are intact. Previous treatment has included 2 epidural steroid injections, physical therapy, chiropractic care, and acupuncture. Electrodiagnostic studies show chronic left L5 radiculopathy, and chronic right L4 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Injection Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Andersson GB, Cocchiarella L, AMA Guidelines to the Evaluation of Permanent Impairment, 5th ed. Chicago, IL; AMA Press; 2001; Chapter 15, pages 382-383.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) LOW BACK, ESI.

Decision rationale: CA MTUS notes that the purpose of 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. While for diagnostic purposes, a maximum of two injections can be performed if there is inadequate response to the first block. An inadequate response (ODG ESI chapter) of <30% would not warrant a second ESI. , This patient had previous injections of which there is not documentation of demonstrated pain relief or functional improvement. Criteria for epidural steroid injections must show documented radiculopathy on physical exam and corroborated by imaging studies and/or electrodiagnostic testing. For this patient, while imaging/electrodiagnostic studies indicate signs of radiculopathy, the physical exam does not offer any signs of specific nerve root irritation. Furthermore, the request as written does not identify the spinal levels to be injected. Therefore, the medical necessity of an epidural steroid injection has not been established at this time.