

Case Number:	CM14-0065450		
Date Assigned:	07/11/2014	Date of Injury:	12/04/2008
Decision Date:	08/29/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/08/2014

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 Interventional Spine 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 the date of injury of 12/04/2008. The patient presents with low back pain, rating 8/10 on the pain scale. The patient describes her pain as constant, dull radiating to the legs with shock sensations. The patient uses a walker and cannot climb. According to [REDACTED] report on 10/23/2013, diagnostic impressions are: 1) Lumbar disc disease. 2) Lumbar radiculopathy. 3) Lumbar facet syndrome [REDACTED] requested for bilateral L3-L4 and L4-L5 transforaminal epidural steroid injections. The utilization review determination being challenged is dated on 04/15/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/03/2013 to 04/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L4 and L4-L5 transforaminal epidural steroid injection x 2: 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 Epidural Steroid Injection Page(s): 46.

Decision rationale: The request for a bilateral L3-4 and L4-5 transforaminal epidural steroid injection times 2 is not medically necessary. The California MTUS Guidelines recommend an epidural steroid injection as an option for treatment of radicular pain. An epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehabilitation efforts including continuing a home exercise program. There is no information on improved function. The criteria for use for an epidural steroid injection include radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, and no more than 2 nerve root levels should be injected using transforaminal blocks. The clinical notes lack evidence of objective findings of numbness, weakness, and loss of strength. There was a documented bilateral straight leg raise; however, there was no corroboration of physical exam findings of radiculopathy with imaging studies. The request did not indicate the use of fluoroscopy for guidance in the request. As such, the request is not medically necessary.