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| Case Number: | CM14-0087862 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 05/08/2010 |
| Decision Date: | 09/26/2014 | UR Denial Date: | 05/16/2014 |
| Priority: | Standard | Application Received: | 06/11/2014 |

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 Internal Medicine 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 injured worker is a 46 year old female whose date of injury is 05/08/2010. She was carrying a large thermos of coffee and slipped on the floor. An electromyography (EMG)/ nerve conduction velocity (NCV) dated 05/18/11 is reported to be normal. The injured worker underwent lumbar laminectomy on 12/20/12. The treatment to date also includes physical therapy, ankle injections and chiropractic treatment. A note dated 03/04/14 indicates that the injured worker has completed 2 physical therapy visits. The diagnoses are lumbosacral sprain/strain and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Transforaminal Epidural Steroid Injection at level L5 and S1 using caudal approach under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: Based on the clinical information provided, the request for right transforaminal epidural steroid injection at level L5 and S1 using caudal approach under

fluoroscopic guidance is not recommended as medically necessary. There is no current, detailed physical examination submitted for review to establish the presence of active lumbar radiculopathy as required by California MTUS guidelines. There are no imaging studies/electrodiagnostic results submitted for review to support the diagnosis. The submitted records report that EMG/NCV was a normal study. There is no indication that the injured worker has undergone any recent active treatment. Therefore, California MTUS criteria for epidural steroid injection are not met and medical necessity is not established.