

Case Number:	CM14-0096378		
Date Assigned:	07/25/2014	Date of Injury:	10/23/2007
Decision Date:	11/26/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/19/2014

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 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 being treated for chronic neck pain, low back pain and piriformis syndrome. She is status post lumbar fusion surgery in 2008. She carries a diagnosis of chronic left lumbar radiculitis. Physical exam indicates near monoplegia in the left leg with atrophy and foot drop. Pharmacologic pain treatment includes Ultram, Trazodone and Lyrica. Request had been made for left transforaminal lumbar epidural injection at L4-5 and L5-S1 with fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Side Transforaminal Lumbar Epidural Injection under Fluoroscopy at L4-L5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Neurology; Official Disability Guidelines online version - Low Back - Epidural Steroid Injections

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

Decision rationale: Chiropractic lumbar x-ray interpretation indicates evidence of severe facet arthritis at L5-S1 and evidence of fusion at L3-4 and L4-5 with spondylolisthesis at L5-S1. Records indicate that the injured worker was experiencing increased radicular symptoms with

some buckling of the lower extremity. MTUS guidelines recommend epidural steroid injections for reducing pain and inflammation for documented radiculopathy by physical exam and corroborated by imaging or electrodiagnostic studies. There is insufficient documentation supporting the reasoning behind epidural steroid injection such as a treatment for pain versus diagnostic. The only physical exam finding available is left leg weakness and atrophy. In addition there is no mention of utilization of more conservative measures such as exercise, NSAIDs and muscle relaxants. The request for lumbar epidural steroid injection as stated does not meet MTUS guidelines and is therefore not medically necessary.