

Case Number:	CM14-0097430		
Date Assigned:	07/28/2014	Date of Injury:	04/11/2013
Decision Date:	08/28/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/25/2014

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 Physical Medicine & 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 a 56 year old male with a date of injury on 4/11/13. He has complaints of right low back pain with occasional radiation into his right leg associated with tingling. On exam, there was tenderness over the right lumbar L4-5 and L5-S1 facet joints. The sensation was intact throughout. The straight leg raise and faber tests were negative bilaterally. The reflexes were 2+. Magnetic resonance imaging (MRI) has revealed L5-S1 2mm disc space narrowing with retrolisthesis without central, neuroforaminal or lateral recess stenosis. The injured worker is noted that has received 12 physical therapy visits. He also underwent lumbar facet block at right L4-5& L5-S1 on 1/24/14. Prior request for transforaminal epidural steroid injection was denied on 6/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection at Right L4-5 and L5-S1: 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 INJECTIONS Page(s): 46.

Decision rationale: Per guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain. Epidural steroid injections can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The purpose of epidural steroid injections 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. Per the guidelines criteria, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs, and muscle relaxants). In this case, there is insufficient documentation to support the necessity of the requested procedure. There is little to no clinical evidence of lumbosacral radiculopathy (radiating pain in a dermatomal distribution in the lower extremities). Furthermore, there is no imaging evidence of lumbosacral spine nerve roots impingements in the magnetic resonance imaging scan therefore the request for Transforaminal Epidural Steroid Injection at Right L4-5 and L5-S1 is not medically necessary.