

Case Number:	CM13-0010014		
Date Assigned:	03/14/2014	Date of Injury:	09/05/1986
Decision Date:	05/01/2015	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/12/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 65 year old male, who sustained an industrial injury on 09/05/1986. He has reported subsequent low back, right leg and bilateral knee pain and was diagnosed with chronic low back and left leg radicular pain, occasional right leg pain and bilateral knee pain with meniscus repairs. Treatment to date has included oral pain medication, stimulator cord stimulator trial, epidural steroid injections and medial branch blocks. In a progress note dated 07/03/2013, the injured worker complained of a significant increase in bilateral lower extremity pain. Objective findings were notable for decreased sensation of the L5 dermatome bilaterally and positive bilateral straight leg raise. A request for authorization of left L5-S1 transforaminal epidural steroid injections was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT LUMBAR TRANSORAMINAL EPIDURAL STEROID INJECTION AT BILATERAL L5-S1 UNDER FLUOROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
<https://www.acoempracguides.org/lowback>; Table 2, Summary of Recommendations, Low Back Disorders.

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

Decision rationale: Outpatient lumbar transforaminal epidural steroid injection at bilateral L5-S1 fluoroscopic guidance is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not include an updated imaging study for review. The imaging study available was from 2007 and did not reveal interval changes since prior MRI in 2005. Without updated imaging study and/or electrodiagnostic testing to correlate with patient's symptoms the request for a bilateral L5-S1 epidural steroid injection is not medically necessary.