Case Number:	CM13-0022497		
Date Assigned:	03/26/2014	**Date of Injury:**	11/01/2010
Decision Date:	01/02/2015	**UR Denial Date:**	08/26/2013
Priority:	Standard	**Application Received:**	09/10/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery 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:

This 54-year-old injured worker with a reported industrial injury of November 1, 2010. Diagnosis is made of lumbar disc degeneration and lumbar radiculopathy status post prior lumbar laminectomy. Exam note July 19, 2013 demonstrates low back pain rated as 4 out of 10 with discomfort and burning in the legs. Stiffness is noted lower back over the incision with prolonged sitting. Examination lumbar spine demonstrates a well-healed surgical scar, moderate lumbar facet tenderness, positive left sided straight leg raise test with limitations in lateral bending, flexion and extension with decreased sensation left L5 and S1 dermatomes. Muscle strength is noted to be 4-5 in the left L5 myotomes with a decreased left ankle reflex. MRI from December 5, 2012 demonstrates a left L5-S1 paracentral 34 mm disc protrusion effacing the left-sided thecal sac near the entry point of the S1 nerve root. There is no nerve root displacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION: 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 Page(s): 46.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 46, Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. In addition, there must be demonstration of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case the exam notes cited do not demonstrate a failure of conservative management nor a clear evidence of a dermatomal distribution of radiculopathy correlating with the MRI from December 5, 2012. Therefore, the Left L5-S1 Transforaminal Epidural Steroid Injection is not medically necessary.

LEFT S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION: 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 Page(s): 46.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 46, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. In addition, there must be demonstration of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case the exam notes cited do not demonstrate a failure of conservative management nor a clear evidence of a dermatomal distribution of radiculopathy correlating with the MRI from December 5, 2012. Therefore, the Left S1 Transforaminal Epidural Steroid Injection is not medically necessary.