

Case Number:	CM14-0160314		
Date Assigned:	10/03/2014	Date of Injury:	06/16/1997
Decision Date:	01/15/2015	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/29/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 female with a 06/16/1997 date of injury. Progress note dated 8/24/14 reports left S1 transforaminal epidural steroid injection procedure. Progress note dated 1/23/14 reports pain and follow-up to refill medications. Neurologic exam was reported was no cranial nerve deficit. Assessment was low back pain and lumbar disc disease. Progress report dated 1/19/12 notes pain in the back hips and right shoulder. Exam findings were pain on range of motion with spasm in the bilateral lumbar paraspinal muscles. There was hyperesthesia on C6 on right and S1 on right. Reflexes were 2+ bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection, Left S1 #2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural steroid injections

Decision rationale: The medical records provided for review do not document physical exam findings consistent with radiculopathy in association with plan for epidural steroid injection or

document objective functional gain or pain improvement in terms of duration or degree in relation to first epidural steroid injection (ESI) performed in support of second ESI. Official Disability Guidelines support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. As such, the medical records provided do not support the use of ESI congruent with Official Disability Guidelines. Therefore, this request is not medically necessary.