

Case Number:	CM14-0190768		
Date Assigned:	11/24/2014	Date of Injury:	09/12/2011
Decision Date:	01/09/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/14/2014

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:

This 39 year-old injured worker sustained an injury on 9/12/11 while employed by [REDACTED]. Request(s) under consideration include Fluoroscopically Guided Bilateral L5-S1 Transforaminal Epidural Steroid Injection X2. Diagnoses include lumbar sprain/ lumbago/ lumbosacral intervertebral disc degeneration. Report of 9/23/14 from the provider noted the injured worker with chronic ongoing low back pain bilaterally. Exam showed diffuse tenderness over lumbar paraspinal muscles; bilateral L4-5, L5-S1 facet joints; restricted range of motion; positive hip flexion, SI joint, bilateral sacral sulcus, and discogenic maneuvers. There is negative nerve root tension signs bilaterally; 4+/5 motor strength at bilateral EHL (toe) and gastrosoleus; no sensory exam documented. The request(s) for Fluoroscopically Guided Bilateral L5-S1 Transforaminal Epidural Steroid Injection X2 was non-certified on 10/7/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically Guided Bilateral L5-S1 Transforaminal Epidural Steroid Injection X2:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs).

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. Criteria for repeating the epidurals have not been met or established. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The Fluoroscopically Guided Bilateral L5-S1 Transforaminal Epidural Steroid Injection X2 is not medically necessary and appropriate.