

Case Number:	CM14-0203684		
Date Assigned:	12/16/2014	Date of Injury:	06/27/2006
Decision Date:	02/25/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 is a patient with a date of injury of 6/27/06. A utilization review determination dated 11/5/14 recommends non-certification/modification of ESI. 10/6/14 medical report identifies chronic LLE stabbing burning pain. On exam, there is tenderness, weakness left tibialis anterior and EHL, decreased sensation left L5 and S1, and positive SLR. The spine surgeon noted that the patient's fusion is solid and recommended an ESI to determine whether or not the patient would be a candidate for decompression surgery. 5/27/14 MRI report notes L5-S1 narrowing of the left lateral recess with likely compression of the traversing left S1 nerve root and moderate to severe bilateral neural foraminal narrowing with possible compression of the exiting left L5 nerve root.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Epidural Steroid Injection

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46 of 127.

Decision rationale: Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Within the documentation available for review, there are subjective/objective findings consistent with radiculopathy and the MRI demonstrates significant stenosis with likely compression of the L5 and S1 nerve roots. In light of the above, the currently requested epidural steroid injection is medically necessary.