

Case Number:	CM14-0205316		
Date Assigned:	12/17/2014	Date of Injury:	09/08/2010
Decision Date:	02/04/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/08/2014

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 Geriatrics and is licensed to practice in New York. 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 55 year old man with a date of injury of 9/8/10. He was seen by his orthopedic physician on 10/23/14 with lumbosacral disc sciatica right. He complained of low back pain which radiated to his right leg. He was functioning with full work activity but found his symptoms getting worse. His exam showed a tender lower lumbar spine and sciatic notch. He is status post epidural injections in 4/13, 6/13, 7/13 and 4/14 with relief. Medications were helping him to 'function satisfactorily'. At issue in this review is the request for a repeat Transforaminal epidural steroid injection, right L4-L5, under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection, right L4-L5, under fluoroscopic guidance
qty:1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35.

Decision rationale: Per the guidelines, epidural spine injections are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 injections. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The physical exam does not suggest radicular pathology and the worker do not meet the criteria as there is not clear evidence in the records that the worker has failed conservative treatment with exercises, physical methods, NSAIDS and muscle relaxants. Additionally, he is status post several injections in the past with only short term improvement. He is able to work full duty and medications were helping him to 'function satisfactorily'. A Transforaminal epidural steroid injection, right L4-L5, under fluoroscopic guidance is not medically necessary.