

Case Number:	CM14-0079577		
Date Assigned:	09/08/2014	Date of Injury:	10/28/2008
Decision Date:	02/04/2015	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/30/2014

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 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:

The injured worker is a 68 year old female with a date of injury 10/28/2008 the nature of the injury was not included with the submitted documentation. Follow up orthopedic visit 11/8/2013 noted that the injured worker received medications, injections, radiology test, diagnostic test, psychiatric care, medications and underwent hip surgery in 2012 and continues with severe lateral pain that radiates into the buttocks. The MD recommended an injection to the trochantric bursa. The AME report dated 4/17/2014 indicated the injured worker had continued complaints of chronic back pain radiating to the right hip and had a diagnosis of sacroiliitis, chronic residuals, mechanical low back pain, chronic residuals, and status post internal derangement of the right hip. On 5/19/2014 Utilization Review non-certified for Transforaminal Epidural Steroid Injection right L4-and L5 nerve roots per the MTUS chronic pain page 46 there is no documentation of diagnostic study corroborating the presence of lumbar radiculopathy is not clinically indicated or supported.

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-and L5 nerve roots: Upheld

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

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

Decision rationale: The request for a transforaminal epidural steroid injection right L4 and L5 nerve root is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Injections should be performed using fluoroscopy for guidance. Also the injured worker has to be initially unresponsive to conservative treatment (exercise, physical methods, and NSAIDs and muscle relaxants). The clinical documentation submitted for review failed to provide documentation to demonstrate recent trial and failure of conservative treatments, and the request as submitted failed to specify whether fluoroscopy would be used to perform the injection per guideline criteria. Additionally, there was a lack of clinical documentation to evidence physical examination findings to demonstrate significant neurological deficits or pathology to establish medical necessity for the request. Additionally, there was a lack of diagnostic imaging and/or electrodiagnostic testing to corroborate pathology. Therefore, the request for transforaminal epidural steroid injection right L4 and L5 nerve roots is not medically necessary.