

Case Number:	CM15-0002414		
Date Assigned:	01/13/2015	Date of Injury:	03/06/2014
Decision Date:	03/16/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	01/06/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 48-year-old female who reported an injury on 03/06/2014. The mechanism of injury was not stated. The current diagnoses include lumbago, lumbar radiculopathy, and lumbar disc protrusion. The injured worker presented on 11/19/2014 with complaints of worsening low back pain with numbness and tingling in the right lower extremity. Previous conservative treatment includes lumbar epidural steroid injection, TENS therapy, physical therapy, and medication management. Upon examination, there was positive straight leg raise bilaterally, positive Patrick's test, positive facet loading maneuver, decreased sensation to light touch in the left foot and ankle, weakness with dorsiflexion on the left, and tenderness over the lumbar paraspinal muscles and sacroiliac joint region. Recommendations at that time included bilateral L5-S1 transforaminal epidural steroid injection with fluoroscopy. The injured worker was also instructed to continue with a home exercise program and current medication regimen. A Request for Authorization form was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One(1) bilateral transforaminal lumbar epidural steroid injection at the levels of L5-S1 under myelography and fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

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

Decision rationale: California MTUS Guidelines recommend epidural steroid injection as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. While the injured worker does have objective evidence of lumbar radiculopathy upon examination, the documentation indicates that the injured worker underwent an epidural steroid injection at the L4-5 level on 10/13/2014. There was no documentation of objective functional improvement. California MTUS Guidelines recommend at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks. Given the above, the request is not medically appropriate.