

Case Number:	CM15-0003110		
Date Assigned:	02/23/2015	Date of Injury:	06/16/2011
Decision Date:	03/31/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/07/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 60-year-old male sustained a work related injury on 06/16/2011. According to a progress report dated 12/05/2014, the injured worker complained of constant low back pain with intermittent cramping and sharp pain radiating down his right leg. Previous treatments have included physical therapy, home exercises acupuncture and massage therapy, all of which provided minimal temporary pain relief. Diagnoses included degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis unspecified, sciatica, lumbago, gastroesophageal reflux disease, chronic pain syndrome, drug-induced constipation, lumbar sprain, lumbosacral spondylosis without myelopathy and other symptoms referable to back. A request was being made for a right L4/5 and L5/S1 transforaminal epidural steroid injection with a two-week follow up. He was previously approved for the procedure but did not want it at that time. However, the pain was worsening and the injured worker wished to proceed with the procedure. On 12/23/2014, Utilization Review non-certified L4/5 and L5/S1 transforaminal epidural steroid injection under fluro-guidance. According to the Utilization Review physician, an MRI showed only bulges at the requested levels and there was no electromyogram to verify radiculopathy. CA MTUS Guidelines, Epidural Steroid Injections was referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4/5 L5/S1 Transforaminal Epidural Steroid Injection under Fluoro-Guidance: Upheld

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

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

Decision rationale: Due to the uncertain benefits from epidural injections, the MTUS Guidelines have very specific recommended standards to justify epidural injections. These standards include a well-defined clinical dermatomal radiculopathy, plus corresponding test results (MRI or electrodiagnostics). These standards are not met with this individual. He has bilateral leg pain without demonstrated dermatomal loss and the MRI results do not support a radiculopathy/melopathy. No electrodiagnostics have been performed and it is unknown if his pain syndrome may include a peripheral neuropathy with the worsening bilateral leg pain. Under these circumstances, the requested L4/5, L5/S1 bilateral epidural injection is not supported by Guidelines and is not medically necessary.