

Case Number:	CM15-0019769		
Date Assigned:	02/09/2015	Date of Injury:	06/30/2006
Decision Date:	04/20/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/02/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 59 year old female who sustained an industrial injury on 06/30/2006. Current diagnoses include scoliosis, idiopathic-cervical region and post-laminectomy syndrome. Previous treatments included medication management, series of lumbar epidural injections, chiropractic therapy, and spinal surgery. Report dated 12/31/2014 noted that the injured worker presented with complaints that included back pain and neck pain. Physical examination was positive for abnormal findings. Utilization review performed on 01/08/2015 non-certified a prescription for L5-S1 transforaminal epidural steroid injection x1, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS, ACOEM, and Official disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 transforaminal epidural steroid injection x 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back regarding epidural steroid injections (ESIs).

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

Decision rationale: Bilateral L5-S1 transforaminal epidural steroid injection x 1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation is not clear of radicular findings in the L5, S1 distribution. Additionally, the documentation indicates that the patient reports 90% relief of discomfort and decreased medication use however it is unclear if this lasted for the MTUS recommended period of six to eight weeks. For all of these reasons the request for a bilateral L5-S1 transforaminal epidural steroid injection x 1 is not medically necessary.