

Case Number:	CM15-0144725		
Date Assigned:	08/05/2015	Date of Injury:	04/01/2012
Decision Date:	09/09/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/27/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60-year-old female, who sustained an industrial injury on 4-01-2012. Diagnoses include cervicalgia and lumbar spinal stenosis. Treatment to date has included diagnostics, physical therapy, an L4-5 transforaminal injection, and medication management. Current medications include Robaxin and Norco. Per the Primary Treating Physician's Progress Report dated 6-09-2015, the injured worker reported decreasing neck pain. She presented for follow-up of back pain and spinal stenosis with neurogenic claudication. She has 50% back and 50% bilateral lower extremity symptoms. She reports no relief with physical therapy and a bilateral transforaminal injection at L4-5 helped for a very short while. Physical examination of the lumbar spine is described as normal cervical and lumbar contours. She has a nonantalgic gait. The plan of care included, and authorization was requested for one translaminal epidural steroid injection at the L3-4 level under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Translaminal epidural steroid injection at the L3-L4 level under fluoroscopic guidance:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the 6/19/15 attending physician report, the patient has ongoing low back and leg pain. The current request is for Translaminar Epidural Steroid Injection at the L3-4 level under fluoroscopic guidance. The treating physician states that the patient had bilateral translaminar epidural steroid injections at the L4/5 level that helped for a very short while. According to the CA MTUS, Epidural Steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria indicate radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the examination findings fail to establish the presence of active radiculopathy. Furthermore, the MRI findings also fail to establish findings, which would corroborate radiculopathy. The clinical findings therefore fail to meet the minimum criteria necessary by the MTUS guidelines. As such, the request is not medically necessary.