

Case Number:	CM15-0168561		
Date Assigned:	09/09/2015	Date of Injury:	08/05/2014
Decision Date:	10/08/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/27/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 51 year old female, who sustained an industrial injury on 8-05-2014. Diagnoses include right lumbar radiculopathy and discogenic back pain with neuroforaminal stenosis. Treatment to date has included surgical intervention of the right knee as well as conservative measures for the knee and lumbar spine including modified activity, work restrictions, TENS, medications and 34 sessions of physical therapy as of 8-11-2015. It is unclear from the records submitted, how many visits were for the knee and how many were for the lumbar spine. Per the Progress Report dated 8-13-2015, the injured worker reported right knee and lumbar pain. Per the provider's documentation she has "completed a full set of formal therapy sessions and magnetic resonance imaging (MRI) showed evidence of neuroforaminal stenosis." Objective findings of the lumbar spine included a positive straight leg raise and on and off tremulous foot with clonus type activity. She has diminished sensation to the dorsum and dorsal aspect of the foot. There is a small plantar dysesthesia as well. The plan of care included, and authorization was requested on 8-13-2015 for bilateral transforaminal epidural steroid injection at L1 for the treatment of lumbar radicular symptoms due to gait disturbance from knee surgery. On 8-18-2015, Utilization Review denied the request for bilateral transforaminal epidural steroid injection at lumbar L1 based on lack of medical necessity based on guideline criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient bilateral transforaminal epidural steroid injection at lumbar S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient's file does not document that the patient is candidate for surgery. There is no documentation that the patient has failed first line treatment. Furthermore, there is no imaging studies that corroborate the findings of radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). Therefore, the request for bilateral transforaminal epidural steroid injection at lumbar S1 is not medically necessary.