

Case Number:	CM15-0026991		
Date Assigned:	02/19/2015	Date of Injury:	12/06/2007
Decision Date:	04/15/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/12/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 65-year-old female, who sustained an industrial injury on 12/6/07. The injured worker has complaints of lumbar spine pain. Her range of motion is restricted with flexion limited to 60 degrees limited by pain and extension limited to 10 degrees limited by pain. Straight leg raising test is positive on the right side in sitting at 60 degrees. The diagnoses have included spinal/lumbar degenerative disc disease; low back pain; radiculopathy and spasm of muscle. According to the utilization review performed on 2/3/15, the requested transforaminal lumbar epidural injection right L5-S1, S1-S2 has been non-certified. California Medical Treatment Utilization Schedule (MTUS) 2009, 9792.24.2 Chronic Pain Medical Treatment Guidelines Page 46, epidural steroid injections were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar epidural injection right L5-S1, S1-S2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 46.

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

Decision rationale: The California MTUS Guidelines indicates that the criteria for a lumbar epidural steroid injection includes presence of radiculopathy that is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The progress note dated December 19, 2014 does not include a complaint of radicular symptoms nor are there any MRI results provided to corroborate physical examination findings. Without a physical complaint of radiculopathy or objective results provided a transforaminal epidural steroid injection cannot be justified. As such, this request for a transforaminal lumbar epidural steroid injection at L5 - S1 and S1 - S2 is not medically necessary.