

Case Number:	CM15-0218696		
Date Assigned:	11/10/2015	Date of Injury:	12/04/2009
Decision Date:	12/21/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/06/2015

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 53-year-old woman sustained an industrial injury on 12-4-2009. Diagnoses include low back pain with lumbosacral disc disease and spinal stenosis. Treatment has included oral medications and transforaminal epidural steroid injection that reduced 90% of the pain for two and a half months. It is also noted the worker experienced improved functional capacity, tripled tolerance for walking and standing as well as general activities since the noted injection. Physician notes on a PR-2 dated 9-23-2015 show complaints of low back pain with radiation to the bilateral lower extremities. The physical examination shows a mildly antalgic gait, "limited" lumbar spine range of motion with pain, tenderness to pressure on the paraspinal muscles, positive straight leg raise bilaterally, and mildly decreased sensation over the right L5-S1 dermatomes. Recommendations include bilateral L4-L5 and L5-S1 transforaminal epidural steroid injections, continue rehabilitation modalities including daily stretching, and follow up after the injection. Prior MRI testing revealed pathology consistent with a right L5 radiculopathy, no consistent left sided findings were noted. Utilization Review modified a request for L4 and L5 transforaminal epidural steroid injections on 10-19-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 and L5 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: MTUS Guidelines have very specific criteria to justify the use of epidural injections i.e. a well-defined dermatomal radiculopathy that corresponds with diagnostic results. These criteria are not met in relationship to the request for the injections to include that left side. No dermatomal radicular findings are adequately documented and prior diagnostic testing did not find changes consistent with a radiculopathy on the left side. There appears to be adequate justification to repeat the right sided epidural injection(s), but there is inadequate information to now justify including the left side. The request for Bilateral L4 and L5 transforaminal epidural steroid injection(s) is not supported by Guidelines and is not medically necessary.