

Case Number:	CM15-0052469		
Date Assigned:	03/25/2015	Date of Injury:	11/07/2008
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/19/2015

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 63 year old female who sustained a work related injury November 7, 2008. According to a primary treating physician's progress report, dated February 23, 2015, the injured worker presented for follow-up of aching low back pain on the left, left buttock, right ankle and right knee pain, rated 2/10 with medication and 5/10 without medication. Her pain is unchanged since her last visit, although she feels the medications, injections, and physical therapy have helped reduce the pain. Impression included osteoarthritis, right knee; Achilles tendinitis; pain in joint other specified sites; congenital spondylolisthesis of lumbar region; lumbar radiculitis; lumbar degenerative disc disease. Treatment plan included request for authorization to perform a transforaminal lumbar epidural steroid injection left L4-L5 with fluoroscopic guidance and conscious sedation, continue with current medications, and continue with home exercise program (HEP).

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar epidural steroid injection at L4 and L5 on the left under fluoroscopic guidance with conscious sedation: Upheld

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

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

Decision rationale: Transforaminal lumbar epidural steroid injection at L4 and L5 on the left under fluoroscopic guidance with conscious sedation 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 progress notes state that the patient has symptoms on the left low back and left buttock as well as right ankle and knee. The documentation is not clear that the patient has symptoms in the L4, L5 distribution. The straight leg is positive but there is no description of distribution of these findings. There is decreased left L4-5 sensation on exam but the documentation indicates that the patient has had chronic low back/leg symptoms. There are also no objective MRI or electrodiagnostic studies submitted for review to corroborate and L4, L5 radiculopathy. For these reasons the request is not medically necessary.