

Case Number:	CM15-0088125		
Date Assigned:	05/12/2015	Date of Injury:	03/11/2005
Decision Date:	06/15/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/07/2015

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 48-year-old female, with a reported date of injury of 03/11/2005. The diagnoses include right L5 and S1 radiculopathy. Treatments to date have included physical therapy, injection therapies, and oral medications. The transfer of care/pain management consultation dated 03/20/2015 indicates that the injured worker described numbness and tingling and burning going down her right leg. She rated her pain 8-10 out of 10. It was noted that the injured worker's functionality had decreased by 50% of normal over the past one year. The physical examination showed decreased sensation to light touch in the right calf, extensor hallucis longus muscle weakness on the right side, and a non-antalgic gait. It was also noted that there were physical exam findings of a right L5 and S1 radiculopathy. The treating physician requested right L5 and S1 transforaminal epidural steroid injection under fluoroscopy. It was noted that the injured worker had no contraindication to injection therapy. The goal was to maintain the injured worker in her current work status without interruption, giving her pain relief with injection therapy. The previous injection therapy over three years prior decreased her pain by 80% and improved her functionality significantly. The goal of the request is to help the injured worker continue to work on a full-time basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5 and Right S1 transforaminal epidural steroid injection under fluoroscopy:
Upheld

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

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. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings at the requested levels. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, the request for Right L5 and Right S1 transforaminal epidural steroid injection under fluoroscopy is not medically necessary.