

Case Number:	CM14-0150617		
Date Assigned:	09/18/2014	Date of Injury:	06/10/2002
Decision Date:	10/23/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/16/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47-year-old male who reported an injury on 06/10/2002. The mechanism of injury was not provided. On 02/21/2014, the injured worker presented with diagnoses of lumbago, lumbar degenerative disc disease, and lumbar facet arthropathy. Prior therapy included medications. Upon examination, there was a long fresh scar located on the right knee that was healing well and pain upon weight bearing. There was surgical scar on the low back with spasm. The provider recommended a left transforaminal epidural steroid injection at T12 to L1. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left transforaminal epidural steroid injection at T12-L1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: According to the California MTUS an epidural steroid injection may be recommended for facilitate progress in more active treatment programs when there is

radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, the documentation should show the injured worker was initially unresponsive to conservative treatment. Injections should be performed with the use of fluoroscopy for guidance and no more than 2 root levels should be injected using transforaminal blocks. The documentation submitted for review stated that the injured worker had spasm located in the low back. More information is needed as to the results of a straight leg raise test, motor strength deficits and sensory deficits. There was a lack of documentation of physical exam findings corroborated with imaging and/or electrodiagnostic testing of radiculopathy. In addition, the documentation failed to show that the injured worker would be participating in active treatment program following the requested injection. There was a lack of documentation of the injured worker's failure to respond to initially recommended conservative treatment. Based on the above, the request is not medically necessary.