

Case Number:	CM14-0162581		
Date Assigned:	10/07/2014	Date of Injury:	12/09/2013
Decision Date:	11/07/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/03/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 30-year-old male who reported an injury on 12/09/2013 due to a lifting injury. On 02/24/2014, the injured worker's diagnoses were right spine lumbago and lumbosacral neuritis, not otherwise specified. Upon examination, there was decreased range of motion in the lumbar spine. There is 5/5 strength in the lower extremity except for 4/5 strength in the thoracic lumbar planes with extension and flexion. There was a cyst palpated with skin rolling at L3-4. Prior treatment included home exercise program. The provider recommended an epidural steroid injection to the L4-5, the provider's rationale is 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:

Right Side L4-L5 Transforaminal Epidural Steroid Injection: 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 Injection Page(s): 46.

Decision rationale: The request for Right Side L4-L5 Transforaminal Epidural Steroid Injection is not medically necessary. According to the California MTUS Guidelines an epidural steroid

injection may be recommended to facilitate progress more active treatment programs when there is radiculopathy documented by physical examination, corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation should show that 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 indicated that the injured worker completed initially recommended conservative treatment. There were no MRI results or electrodiagnostic studies of radiculopathy noted. Physical examination findings included a positive right sided straight leg raise, moderate restriction with range of motion to the lumbar spine, and pain the low back. Information is needed to address sensory deficits. Lack of documentation of MRI results or diagnostic studies corroborated with imaging physical exam findings to corroborate radiculopathy. In addition, the documentation failed to show the injured worker had tried and failed initially recommended conservative treatment. There is no information if the injured worker would be participating in an active treatment program following the requested injection. As such, medical necessity has not been established.