

Case Number:	CM14-0163982		
Date Assigned:	10/08/2014	Date of Injury:	03/09/1981
Decision Date:	11/07/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/06/2014

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, has a subspecialty in Pain Management and is licensed to practice in California. 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:

This is a male patient with the date of injury of March 9, 1981. A Utilization Review was performed on September 24, 2014 and recommended non-certification of right L5 transforaminal lumbar epidural injection. A Progress Report dated September 16, 2014 identifies Subjective Complaints of persistent low back pain. Lumbar Spine Examination identifies abnormal gait. Decreased lumbar spine range of motion. Diminished sensation in right L5/S1 distribution to pinwheel. Diagnoses identify spinal stenosis - lumbar. Treatment Plan identifies recommend right L5 transforaminal injection for moderate to severe right L5 stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5 Transforaminal Lumbar Epidural Injection: 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 injections (ESIs) Page(s): 46.

Decision rationale: Regarding the request for Right L5 Transforaminal Lumbar Epidural Injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal

distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Within the documentation available for review, there are subjective complaints and objective examination findings supporting a diagnosis of radiculopathy. However, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. In the absence of such documentation, the currently requested Right L5 Transforaminal Lumbar Epidural Injection is not medically necessary.