

Case Number:	CM14-0168687		
Date Assigned:	10/16/2014	Date of Injury:	08/14/2013
Decision Date:	11/18/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/13/2014

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 Medicine and is licensed to practice in Texas and 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 patient is a 42 year old male who was injured on 8/14/2013. The diagnoses are low back and right shoulder pain. On 8/6/2014, [REDACTED] noted subjective complaint of 6/10 pain score of a 0 to 10 pain scale. There was tenderness over the facet area but no other significant abnormality on physical examination. The 3/13/2014 EMG/NCS of the lower extremities was reported as normal. The 8/5/2014 MRI of the lumbar spine showed small L5-S1 disc protrusion and mild facet arthropathy. The patient is utilizing Ultram and TENS unit for pain relief. A Utilization Review determination was rendered on 9/23/2014 recommending non-certification for bilateral L4-L5 transforaminal epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 TF (Transforaminal) ESI (Epidural Steroid Injection): Upheld

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

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

Decision rationale: The CA MTUS and the ODG guidelines recommend that epidural steroid injections can be utilized for the treatment of lumbar radiculopathy pain when conservative

treatment with medications and PT have failed. The records did not show subjective, objective, radiological or neurological findings of lumbar radiculopathy. The patient did not fail conservative management. The criteria for bilateral L4-L5 transforaminal epidural steroid injection were not met and therefore, the request of bilateral L4-L5 TF (Transforaminal) ESI (Epidural Steroid Injection) is not medically necessary and appropriate.