

Case Number:	CM14-0182938		
Date Assigned:	11/07/2014	Date of Injury:	01/13/2014
Decision Date:	12/16/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/03/2014

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 Neurology, has a subspecialty in Pain Medicine 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:

A progress noted dated 10/22/14 indicates pain in the low back. Physical activity made the pain worse. The insured was doing home exercise program. Examination notes motor strength is 5/5 with decreased sensation to light touch along the left lower extremity. Straight leg raise was negative bilaterally. There was decreased range of motion. Gait was antalgic. Magnetic resonance imaging (MRI) 2/27/14 is reported to show L4-5 annular tear with broad based herniation. At L5-S1 there is a central disc extrusion with no mechanical effect on the neural structures.

IMR ISSUES, DECISIONS AND RATIONALES

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

outpatient bilateral transforminal epidural steroid injection at L4, L5 - S1 each additional level lumbar epidurogram IV sedation fluoroscopic guidance contrast and dye.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of , epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation ODG - TWC Low Back Procedure Summary last updated 08/22/2014 regarding ESIs ; fluoroscopy for ESIs ODG - TWC Low Back Procedure Summary last updated 09/10/2014 regarding sedation for ESI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -low back, ESI

Decision rationale: Official Disability Guidelines (ODG) guidelines support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. The medical records indicate no physical findings consistent with radiculopathy. The sensory changes noted are not in a dermatomal pattern. There is no corroboration by neuroimaging with a radiculopathy demonstrated by examination.