

Case Number:	CM14-0185040		
Date Assigned:	11/12/2014	Date of Injury:	10/26/2001
Decision Date:	12/30/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/05/2014

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 Orthopedic Surgery 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:

The claimant is a 49 year old female with a reported industrial injury of 10/26/01. MRI of the lumbar spine dated September 3, 2014 demonstrates prior posterior interbody fusion L4-5 and L5-S1 with pedicle screw placement L4-S1. There is moderate to advanced facet arthropathy and minor discogenic degenerative changes noted at L3-4 with moderate left foraminal mild left lateral recess stenosis. Exam note dated August 25, 2014 demonstrates patient with continued pain in the periscapular area. The patient has noted muscle spasms. The patient reports back pain which is aching and constant. Objective findings include tenderness over the facet joints and sacroiliac joints and tenderness over the right sacroiliac joint and left sacroiliac joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L4 Transforaminal Epidural 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 injections Page(s): 46.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, page 46, "Recommended as an option for treatment of radicular pain (defined as pain

in dermatomal distribution with corroborative findings of radiculopathy)." Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition there must be demonstration of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case the exam notes cited do not demonstrate a failure of conservative management or a clear evidence of a dermatomal distribution of radiculopathy. Therefore, this request is not medically necessary.