

Case Number:	CM14-0097992		
Date Assigned:	07/30/2014	Date of Injury:	03/29/2012
Decision Date:	10/10/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/26/2014

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 Family Medicine 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 injured worker is a 55 year old female whose date of injury is 03/29/2012. The injured worker was assisting another employee lift a barrel filled with liquid that fell off a pallet. The injured worker injured her low back and left shoulder. Lumbar MRI dated 06/28/13 revealed at L4-5 there is moderate to severe disc space height reduction most pronounced posteriorly with diffuse disc desiccation. There is a 2-3 mm broad based posterior disc protrusion most pronounced posterolaterally. There is moderate right and mild left L4-5 foraminal encroachment with potential for impingement on the exiting L4 nerves. At L5-S1 2 mm far right and far left posterolateral disc protrusions are noted without significant neural impingement. Note dated 08/05/13 indicates that treatment to date includes physical therapy, acupuncture and epidural steroid injection x 2 which provided pain relief x 2 weeks. Agreed medical examination dated 04/21/14 indicates that the injured worker underwent a left shoulder injection. Diagnostic impression notes disc herniation lumbar spine, radiculopathy and spinal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal lumbar epidural steroid injection at L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Hips and Pelvis, Sacroiliac joint blocks

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

Decision rationale: Based on the clinical information provided, the request for bilateral transforaminal lumbar epidural steroid injection at L4-5, L5-S1 is not considered as medically necessary. There is no current, detailed physical examination submitted for review to establish the presence of active lumbar radiculopathy as required by CA MTUS guidelines. Additionally, the submitted records indicate that the injured worker underwent two prior epidural steroid injections with only two weeks of pain relief. CA MTUS guidelines require documentation of at least 50% pain relief for at least 6 weeks prior to repeat epidural steroid injection. Therefore, this request is not medically necessary.