

Case Number:	CM14-0213806		
Date Assigned:	12/31/2014	Date of Injury:	06/09/2012
Decision Date:	02/25/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 (IW) is a 51-year-old woman with a date of injury of June 9, 2012. The mechanism of injury occurred as a result of carrying heavy objects as she turned to her left side. She immediately felt a sharp pain on the right side. The injured workers working diagnoses are lumbar sprain with disc bulging at L4-L5 of 2 mm with a focal right foraminal annular tear and bilateral neural foraminal stenosis; L5-S1 with 3 mm symmetric disc bulge with posterior osteophytic ridge more pronounced on the foraminal regions with mild bilateral lateral recess stenosis; lumbar radiculopathy on the right L4, L5 and S1; and lumbar facet arthropathy with hypertrophy of the facets as per MRI. Pursuant to the progress note dated November 21, 2014, the IW complains of low back pain, and lower extremity pain, more on the right. Examination of the lumbar spine reveals pain on the facets of L4-L5, and L5-S1 on the right side 2+, 1+ on the left. Right sacroiliac joint compression test elicits 2+ pain. Muscle spasms are present. The physical examination does not demonstrate objective signs of radiculopathy. The neurologic evaluation was unremarkable. The MRI report does not demonstrate nerve compression and electrodiagnostic studies were not performed. The current request is for a transforaminal epidural steroid injection under fluoroscopic guidance at the level of L5-S1 on the right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection at right L5-S1: 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 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Epidural Steroid Injections

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, transforaminal epidural steroid injection right L5 S1 is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria for epidural steroid injections are enumerated in the Official Disability Guidelines. They include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; etc. see the Official Disability Guidelines for details. In this case, the injured workers working diagnoses are lumbar sprain with disc bulging at L4 L5 2 mm with a focal right foraminal annular tear and bilateral neural foraminal stenosis; L5 S1 3 mm symmetric disc bulge with posterior osteophytic ridge more pronounced on the foramina regions with mild bilateral lateral recess stenosis; lumbar radiculopathy on the right L4, L5 and S1; and lumbar facet arthropathy with hypertrophy of the facets as per MRI. The physical examination does not demonstrate objective signs of radiculopathy. The neurologic evaluation was unremarkable. The MRI report does not demonstrate nerve compression and electrodiagnostic studies were not performed. Consequently, absent clinical documentation with objective evidence of radiculopathy on physical examination in addition to imaging and or electrodiagnostic studies to support an epidural steroid injection, transforaminal epidural steroid injection right L5 S1 is not medically necessary.