

Case Number:	CM15-0000430		
Date Assigned:	01/07/2015	Date of Injury:	06/08/2011
Decision Date:	03/06/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/02/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old male, who sustained an industrial injury on 6/8/11. The physician reports the IW is being treated for low back pain with radiation to the left lower extremity. The IW is a status post L3-L5 decompression laminectomy without fusion. The IW complains of limited mobility; uses a cane for ambulation due to tingling, numbness and weakness of the left lower extremity. Prior treatment includes x-rays L4-L5 lumbar spine 7/29/11, MRI lumbar spine 11/11/14 and a L3-L5 decompression without fusion 8/20/13. The requested treatment is for a Left L3-4 Transforaminal Epidural Steroid Injection (TESI). Utilization Review denied the TESI on 12/4/14 per MTUS Chronic Pain Medical Treatment Guidelines

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3-4 Transforaminal Epidural Steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs.

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

Decision rationale: Regarding the request for lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Within the documentation available for review, the patient's current subjective, objective, and imaging findings do not all corroborate a lesion at L3-4 on the left for which an ESI would be supported. In the absence of such documentation, the currently requested lumbar epidural steroid injection is not medically necessary.