

Case Number:	CM15-0018807		
Date Assigned:	02/06/2015	Date of Injury:	04/13/2009
Decision Date:	04/14/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	02/02/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 57-year-old male, who sustained an industrial injury on April 13, 2009. The diagnoses have included cervical myoligamentous injury with right upper extremity radicular pain, lumbar myoligamentous injury with associated facet joint hypertrophy and right lower extremity radiculopathy, reactionary depression and anxiety, and medication induces gastritis. Treatment to date has included cervical epidural steroid injection (ESI), cervical facet rhizotomy, physiotherapy, and medications. Currently, the injured worker complains of lower back pain. The Treating Physician's report dated November 14, 2014, noted the injured worker had received a cervical epidural steroid injection (ESI) on October 27, 2014, which provided at least 50% relief in radicular symptoms in the right upper extremity. Examination of the lumbar spine was noted to show tenderness to palpation about the lumbar paravertebral musculature and sciatic notch region, with trigger points and taught bands with tenderness to palpation noted throughout. On December 30, 2014, Utilization Review non-certified a therapeutic fluoroscopically guided transforaminal epidural steroid injection bilateral L5-S1, noting there was no current information to support radiculopathy or the need for an epidural injection. The MTUS Chronic Pain Medical Treatment Guidelines, the MTUS American College of Occupational and Environmental Medicine Guidelines, and the Official Disability Guidelines (ODG) were cited. On February 2, 2015, the injured worker submitted an application for IMR for review of a therapeutic fluoroscopically guided transforaminal epidural steroid injection bilateral L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic fluroscopically guided transforminal epidural steroid injection bilateral L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), www.odg-twc.com;Section:Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20, 9792.26; MTUS (Effective July 18, 2009) Page(s): 46 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of epidural steroid injections includes the presence of radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the progress note dated November 14, 2014, although the injured employee does have a complaint of radicular pain and there is an EMG study indicating irritation of the right L5 and right S1 nerve root as well as an MRI revealing compression of the descending right S1 nerve root. However, a neurological examination reveals normal lower extremity strength, sensation, and reflexes. Considering the absence of any abnormal neurological findings to corroborate with the injured employee symptoms and objective studies, this request for an epidural steroid injection at the bilateral L5 - S1 region is not medically necessary.