

Case Number:	CM15-0026464		
Date Assigned:	02/18/2015	Date of Injury:	12/14/2012
Decision Date:	04/02/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/11/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 female, who sustained an industrial injury on December 14, 2012. The diagnoses have included lumbosacral sprain, scoliosis, back symptoms, lumbar disc displacement, lumbosacral spondylosis, lumbar spinal stenosis without claudication and lumbosacral disc degeneration. Treatment to date has included medication and epidural steroid injections. Currently, the injured worker complains of continued low back pain and right leg pain associated with tingling and numbness. She had an epidural steroid injection previously and was doing well. She indicated that over the previous four to six weeks the pain has progressively recurred and is radiating into her leg. She reported five to six months of relief from the pain in the legs and some decrease in the intensity of her back pain. On examination, the injured worker had increasing pain in the low back with muscle tension and decreased range of motion. On January 9, 2015 Utilization Review non-certified a request for right L4-L5 transforaminal epidural steroid injections under fluoroscopic guidance, noting that the documentation does not reflect objective functional improvement and reduction in medication usage from previous epidural injections. The California Medical Treatment Utilization Schedule cited. On February 11, 2015, the injured worker submitted an application for IMR for review of right L4-L5 transforaminal epidural steroid injections under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4, L5 transforaminal epidural steroid injection under fluoroscopic guidance:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 46.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - Low back, ESI.

Decision rationale: The medical records provided for review do not document physical exam findings consistent with radiculopathy in association with plan for epidural steroid injection or document objective functional gain or pain improvement in terms of duration or degree in relation to first ESI performed in support of second ESI. ODG guidelines support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electro diagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. As such the medical records do not support the use of ESI congruent with ODG guidelines.