

Case Number:	CM15-0061153		
Date Assigned:	04/07/2015	Date of Injury:	04/11/2008
Decision Date:	05/06/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/31/2015

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

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(n) 26 year old female, who sustained an industrial injury on 4/11/08. She reported pain in her lower back related to a fall. The injured worker was diagnosed as having lumbar radiculopathy, coccygodyma and chronic pain. Treatment to date has included an EMG study of the lower extremities, a lumbar facet injection with 60% relief and oral medications. A lumbar MRI dated 11/12/14, showed L4-L5 and L5-S1 facet arthrosis. As of the PR2 dated 2/18/15, the injured worker reports 6-10/10 lower back pain that radiates down the bilateral lower extremities. The treating physician noted limited range of motion and spasms at L4-L5. The treating physician requested a transforaminal epidural steroid injection at the right L5-S1 level under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Transforaminal epidural steroid injection at the right L5-S1 level under fluoroscopy:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steroid injections, page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. MRI of lumbar spine noted facet arthrosis with patient s/p facet injection with 60% relief. Submitted reports have not demonstrated any correlating neurological deficits to support the epidural injections. Clinical findings indicate pain on range of motions with spasms; however, without any motor or sensory deficits. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. The 1 Transforaminal epidural steroid injection at the right L5-S1 level under fluoroscopy is not medically necessary and appropriate.