

Case Number:	CM15-0075796		
Date Assigned:	04/27/2015	Date of Injury:	01/17/2010
Decision Date:	05/28/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/21/2015

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 49-year-old female who sustained an industrial injury on 1/17/2010. Her diagnoses, and/or impressions, included sacroilitis; pain in limb; depression; lumbar or thoracic radiculitis/radiculopathy; opioid dependence; anxiety state; low back pain; and myofascial pain. Recent magnetic resonance imaging studies of the lumbar spine was stated to have been done on 5/21/2014. No current electromyogram is noted. Her treatments have included left sacroiliac injection therapy - minimal relief; physical therapy for the lumbar spine; transcutaneous electrical stimulation unit therapy; rest from work; urine toxicology screenings; and medication management. Progress notes of 3/18/2015 noted complaints of left back and hip/leg pain with shock-like sensations up/down her back, worsening lower extremity pain, and improved sleep. The physician's requests for treatments were noted to include bilateral transforaminal lumbar epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Transforaminal Epidural Steroid Injection at (lumbar) L4 for the back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) 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. 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. Therefore, this request is not medically necessary.