

Case Number:	CM14-0140585		
Date Assigned:	09/10/2014	Date of Injury:	04/24/2013
Decision Date:	10/07/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 40 year old male is who initially sustained a low back injury while kneeling on 4/24/13. There is limited clinical documentation available for review with one note from the primary treating physician dated 7/30/14 provided. The injured worker was evaluated for low back, bilateral buttock and leg pain. A physical examination showed low back muscle spasm with positive straight leg raise and 5/5 distal lower extremity strength. Diagnoses included low back pain and lumbar radiculitis, post-laminectomy syndrome and chronic back pain and treatment plan included pain medication and lumbar epidural steroid injection. A review dated 7/30/14 is provided for review and indicated that the requested transforaminal epidural steroid injection with fluoroscopy, myelogram, and conscious sedation bilateral L5-S1 was partially certified. The transforaminal epidural steroid injection was certified but not the myelogram and conscious sedation. Per the review of requested services, the injured worker had had radiographs and magnetic resonance imaging (MRI) of the lumbar spine and undergone conservative management with physical therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection with fluoroscopy, myelogram and conscious sedation bilateral L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Treatment in Workers Compensation (TWC), Pain Procedure Summary
updated 06/10/2014

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

Decision rationale: The injured worker does have a diagnosis of lumbar radiculopathy and a transforaminal epidural steroid injection was certified in the past. He has also undergone conservative management with physical therapy and medication. However, other than positive straight leg raise testing, there are no physical examination findings indicating the level of nerve root involvement and no magnetic resonance imaging (MRI) findings are provided indicating compression and the L5-S1 nerve roots. Additionally, it is not documented why the injured worker requires a myelogram, which is not necessary when performing a transforaminal epidural steroid injection. Therefore, according to the MTUS evidence based guidelines, the requested transforaminal epidural steroid injection with fluoroscopy, myelogram, and conscious sedation at bilateral L5-S1 is not medically necessary.