

Case Number:	CM14-0148671		
Date Assigned:	09/18/2014	Date of Injury:	01/25/2007
Decision Date:	10/22/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/12/2014

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 Fireman's Fund Ins. Co and is licensed to practice in New York. 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 claimant is a 45 year old male who sustained an industrial injury on 01/25/2007. His diagnosis is chronic low back pain. He complains of low back pain with radiation down his legs to both feet. On physical exam he has paraspinal tenderness in the lumbar spine with decreased sensation in the right L3- and L4 dermatomes. Motor strength is normal in both lower extremities. Straight leg raise is negative bilaterally. Treatment has consisted of medical therapy, spinal surgery and medical branch blocks. The treating provider has requested transforaminal ESI right L3-L4, and L4-L5 nerve roots.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL ESI RIGHT L3-4 (L3 NERVE ROOT): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines California MTUS Guidelines 2009 t). Page(s): 46.

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS) 2009 Guidelines epidural steroid injections are recommended as an option for treatment of radicular pain. The claimant has low back pain with associated radiculopathy. The Academy of Neurology

recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. The documentation indicates the enrollee had no prolonged response to median branch blocks at right L2-L3, and L3-L4 facet joints and at right L5-S1. The patient has evidence of radiculopathy corroborated by imaging studies in the L3 and L4 dermatomal pattern however there is a significant lack of clinical evidence of the failure of conservative therapy such as physical therapy. Furthermore the request dose not indicate the intended use of fluoroscopy for guidance as recommended by the referenced guidelines.. Medical necessity for the requested lumbar steroid injection has not been established. The requested treatment is not medically necessary.

TRANSFORAMINAL ESI RIGHT L4-5 (L4 NERVE ROOT): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS Guidelines 2009 Page(s): 46.

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS) 2009 Guidelines epidural steroid injections are recommended as an option for treatment of radicular pain. The claimant has low back pain with associated radiculopathy. The Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. The documentation indicates the enrollee had no prolonged response to median branch blocks at right L2-L3, and L3-L4 facet joints and at right L5-S1. The patient has evidence of radiculopathy corroborated by imaging studies in the L3 and L4 dermatomal pattern however there is a significant lack of clinical evidence of the failure of conservative therapy such as physical therapy. Furthermore the request dose not indicate the intended use of fluoroscopy for guidance as recommended by the referenced guidelines.. Medical necessity for the requested lumbar steroid injection has not been established. The requested treatment is not medically necessary.