

Case Number:	CM14-0142324		
Date Assigned:	09/10/2014	Date of Injury:	03/29/2010
Decision Date:	09/11/2015	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/03/2014

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. 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: Emergency Medicine

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 was a 41 year old female, who sustained an industrial injury, March 29, 2010. The injured worker previously received the following treatments Zoloft, Topamax, Norco, Tramadol, Gabapentin, Xartenis ER, stretching exercises, failed physical therapy due to pain and lumbar spine MRI which showed L5-S1 degenerative disc disease with retrolisthesis of AL5 on S1 and broad based dorsal disc bulging with annular fissure. The injured worker was diagnosed with knee arthralgia, lumbar disc syndrome, lumbar neuritis, lumbar sprain and strain, muscle spasms and myofascial pain syndrome and chronic pain. According to progress note of July 27, 2014, the injured worker's chief complaint was right low back pain. The pain was located in the lower back radiating into the right lower extremity. The pain was rated at 8 out of 10. The pain was described as aching, sharp, dull and throbbing. The pain was being managed by Tramadol and Gabapentin. However, the pain medication was not helpful enough to keep the injured worker functional. The evaluation revealed lumbar radiculopathy. The physical exam noted the strength and sensory exams were intact and equal to the lower extremities. There was tenderness with palpation of the lumbar spine. There was limited range of motion due to pain and stiff back. The treatment plan included transforaminal Epidural steroid injection at the right L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection Right L5-S1, Fluoroscopy: Upheld

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

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

Decision rationale: The requested transforaminal epidural steroid injection right L5-S1, fluoroscopy is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." The injured worker has right low back pain. The pain was located in the lower back radiating into the right lower extremity. The treating physician has noted the strength and sensory exams were intact and equal to the lower extremities. There was tenderness with palpation of the lumbar spine. The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength; nor positive imaging and/or electrodiagnostic findings indicative of radiculopathy. The criteria noted above not having been met, transforaminal epidural steroid injection right L5-S1, fluoroscopy is not medically necessary.