

Case Number:	CM13-0005592		
Date Assigned:	12/27/2013	Date of Injury:	06/01/2001
Decision Date:	05/08/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/01/2013

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 Internal Medicine, 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 patient is an injured worker with a diagnosis of lumbar spine condition and a date of injury of 06-01-2001. A primary treating physician report dated 07/10/2013 by [REDACTED] documented the patient's subjective complaints of back pain. Location of pain was lower back and right knee. Pain has radiated to the left thigh. The patient describes the pain as burning, numbing and stabbing. Medications prescribed include Zoloft, Promethazine, Oxycontin, Gabapentin, and Flector. A utilization review 07-31-2013 recommended non-certification of left sided L3-L4 transforaminal Epidural Steroid Injection. The reviewer noted that there were no EMG/NCV studies available and CT scan does not show nerve root impingement at L3-L4.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT-SIDED L3-L4 TRANSFORAMINAL EPIDURAL STEROID INJECTION: 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 Epidural Steroid Injections Page(s): 46.

Decision rationale: The MTUS Chronic Pain Guidelines' criteria for the use of Epidural steroid injections indicate radiculopathy must be documented by physical examination and corroborated

by imaging studies and/or electrodiagnostic testing. In the medical records provided for review, no findings consistent with L3-L4 neurologic compromise were reported. There was no evidence of L3-L4 neurologic compromise on physical examination. A CT scan reported unremarkable findings at L3-L4. The clinical guidelines and medical records do not support the medical necessity of left sided L3-L4 transforaminal epidural steroid injection. Therefore, the request for left sided L3-L4 transforaminal epidural steroid injection is not medically necessary and appropriate.