

Case Number:	CM13-0008961		
Date Assigned:	03/07/2014	Date of Injury:	09/28/2009
Decision Date:	05/06/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/08/2013

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 Physical Medicine & Rehabilitation, has a subspecialty 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:

This patient is 58 year old female with injury date from 9/28/09. Per treater's report 5/2/13, the patient presents with low back and left leg pain. This report does not list a diagnosis but MRI of Lumbar spine showed 5mm disc herniation at L4-5 from 1/23/12. The examination showed normal motor/sensory findings, but straight leg raise was positive on both legs. The request is for right sided lumbar ESI. This request was denied by utilization review letter from 7/17/13 stating, "Focal radiculopathy is not evident on physical examination" and the patient has had more than 4 ESI's in the past year.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT LUMBAR TRANSFORAMINAL NERVE BLOCK L4-5 AND L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIS Page(s): 46-47.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with low back and left lower extremity pain. The request is for right sided lumbar ESI. MRI showed 5mm disc herniation at L4-5. Review of the reports show that the examination was positive for

bilateral leg SLR's but negative for motor/sensory. MTUS guidelines require documentation of radiculopathy defined as pain in dermatomal distribution corroborated by imaging studies. In this case, the patient has leg symptoms but examination findings are not helpful with positive SLR in both legs but normal sensory and motor findings. Most importantly, the patient's leg symptoms are not described in a dermatomal distribution to correlate with the disc herniation of the Lumbar spine. The patient also had an ESI on 2/20/13 but the duration of symptoms relief, reduction of medication and functional improvements are not documented on subsequent reports. Recommendation is for denial.