

Case Number:	CM13-0010372		
Date Assigned:	01/03/2014	Date of Injury:	06/02/2011
Decision Date:	03/25/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 physician 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 a 21-year-old male who reported an injury on 06/02/2011, secondary to a fall. The patient is currently diagnosed with lumbago and lumbar radiculopathy. The patient was seen by [REDACTED] on 07/03/2013. The patient reported left sided lower back pain with left lower extremity radiation. Physical examination revealed diminished strength and numbness at the lateral aspect of the left knee. Treatment recommendations included a second opinion with a spine surgeon as well as a left sided L3-4 epidural steroid injection by [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

consultation with Dr: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Cornerstones of Disability Prevention and Management. In. Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 89-92.

Decision rationale: The current request is for a consultation with [REDACTED] for an L3-4 transforaminal epidural steroid injection. As the patient's procedure has not been authorized, the current request is non-certified.

left L3-L4 transforaminal epidural steroid injection with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. There was no documentation of radiculopathy upon physical examination on the requesting date of 07/03/2013. There is also no evidence of a recent failure to respond to conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. There were no imaging studies or electrodiagnostic reports submitted for review prior to the request for a transforaminal epidural steroid injection. Additionally, it was noted on 12/13/2013, the patient underwent a lumbar epidural steroid injection in 02/2012 without any significant improvement. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.