

Case Number:	CM13-0011465		
Date Assigned:	11/20/2013	Date of Injury:	04/25/2012
Decision Date:	01/17/2014	UR Denial Date:	08/05/2013
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 Physical Medicine and Rehabilitation and is licensed to practice in New York and Texas. 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.

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 52-year-old female who reported an injury on 04/25/2012. The mechanism of injury was not provided for review. The patient complained of worsening low back complaints. Medications included Norco 5/325 mg, Flexeril, Topamax, Prilosec, and gabapentin. The patient's most recent physical exam findings included limited cervical and lumbar range of motion with decreased sensation in the C6, C7 and C8 left dermatomes and decreased sensation in the L4, L5 and S1 right dermatomes. The patient had 4/5 strength of the right wrist extensor and external rotator. The patient's diagnoses included cervical and lumbar radiculopathy, left hip trochanteric bursitis, left wrist sprains/strain, right shoulder impingement bursitis, and herniation of the lumbar and cervical spine with stenosis. The patient's treatment plan included a bilateral transforaminal epidural steroid injection at the L4-5 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural injection, bilaterally at L4 and L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines

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

Decision rationale: The requested transforaminal epidural steroid injection bilaterally at the L4-5 level is not medically necessary or appropriate. The patient does have findings consistent with

radicular syndromes in the L4 and L5 dermatomes. However, California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients with physical findings of radicular symptoms that are corroborated by an imaging study and are non-responsive to conservative treatment. The clinical documentation submitted for review did not include an MRI or electrodiagnostic study to corroborate the patient's radicular physical findings. Additionally, conservative treatment has failed to resolve the patient's symptoms and was not addressed within the documentation. As such, the requested transforaminal epidural steroid injection, bilaterally at the L4-5 is not medically necessary or appropriate.