

Case Number:	CM13-0011558		
Date Assigned:	09/23/2013	Date of Injury:	09/05/2008
Decision Date:	02/10/2014	UR Denial Date:	07/17/2013
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 & Rehabilitation, has a subspecialty in Sports Medicine, 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. 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 58 year-old male who reported an injury on 09/05/2008. The patient continues to have lower back pain and radiculopathy. Upon examination the patient had positive straight leg raise, decreased sensation over the knees, and plus 1 patellar reflex. The patient's diagnosis includes: strain of the lumbar spine, herniated disc, and radiculopathy as well as bilateral neuroforaminal narrowing. The patient has had physical therapy, medications, ultrasounds, and EMG/NCS, and MRI. The MRI dated 07/08/2010 revealed moderated degenerative disc disease and moderate disc bulge at L4-5 and 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 with fluoroscopy bilateral L4-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC, Pain: Epidural steroid injections

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

Decision rationale: The request for a transforaminal epidural steroid injection fluoroscopy to bilateral L4-S1 is certified. The patient has had history of low back pain with radiculopathy and has been treated with conservative care. The California guidelines recommend epidural steroid injections when radiculopathy has been documented by physical exam and imaging. Guidelines also recommend injections when the patient is unresponsive to conservative care. The patient has been diagnosed with radiculopathy from the clinical examination and imaging. The patient has failed conservative care since initial injury of 09/05/2008. The request is for two nerve root levels L4-5, L5-S1. Therefore the request is certified.