

Case Number:	CM13-0014453		
Date Assigned:	12/11/2013	Date of Injury:	09/26/2006
Decision Date:	01/17/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/21/2013

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 California 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 42-year-old male who reported a work-related injury on 09/27/2006, with the specific mechanism of injury not stated. Subsequently, the patient presents for treatment of lumbar spine pain. The clinical note dated 10/03/2013 reports that the patient was seen under the care of [REDACTED]. The provider documents the patient, upon physical exam, had tenderness and spasms throughout the paralumbar region on the left. Left paralumbar trigger point injection was administered. The patient has positive straight leg raising on the left, negative to the right. The provider documented motor and sensory exams were within normal limits. Quadriceps reflexes were 1+ to 2+ and symmetrical. The provider is recommending that the patient undergo a selective nerve block and epidural injection to the left L5 nerve root.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injections under fluoroscopy: Upheld

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

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines indicate that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The clinical notes failed to evidence any official imaging of the patient's lumbar spine to support the current request. Further, other than a positive straight leg raise, the clinical notes did not indicate the patient presented with any motor, neurological, or sensory deficits. In addition, as the patient presents some 7 years status post his work-related injury, it is unclear if the patient has previously utilized injection therapy and the efficacy of treatment. Given all the above, the request for lumbar epidural steroid injections under fluoroscopy is not medically necessary or appropriate.