

Case Number:	CM13-0014678		
Date Assigned:	12/27/2013	Date of Injury:	02/12/2008
Decision Date:	07/07/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/22/2013

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 and 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 is a patient with a date of injury of 2/12/08. A utilization review determination dated 7/17/13 recommends non-certification of left L4 and L5 transforaminal ESI. 8/2/13 medical report identifies a history of polio as a child with right leg weakness, muscle wasting, and an irregular gait. She has now developed acute left L5 radicular pain. On exam, right patella reflex was absent, with left at 2. There was a positive SLR on the left at 50 degrees causing radiating back and leg pain. Full strength in the LLE with 2/5 weakness in the right quadriceps consistent with her polio diagnosis. MRI from 8/11/11 was said to demonstrate L4-5 disc bulge with moderate bilateral neuroforaminal narrowing, also L5-S1 disc bulge with bilateral neuroforaminal narrowing and annular fissure. Lumbar spine MRI report was not included. ESI was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L4 AND LS TRANSFORAMINAL EPIDURAL INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 and Epidural steroid injections (ESIs) Epidural steroid injections (ESIs) Page(s): 46 of 127.

Decision rationale: Regarding the request for Left L4 and L5 Transforaminal Epidural Injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. Within the documentation available for review, the clinical findings do not clearly identify pathology at the left L4 and L5 levels. The MRI findings noted on the medical report are from 3 years prior to the request and also do not clearly corroborate the pathology at the left L4 and L5 levels. In light of the above issues, the currently requested Left L4 and L5 Transforaminal Epidural Injection are not medically necessary.