MAXIMUS Federal Services

Case Number:	CM13-0017303		
Date Assigned:	10/02/2013	Date of Injury:	08/20/2011
Decision Date:	01/17/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/20/2013

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. 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 50 year old female who reported an injury on 08/20/2011. As stated in the clinical documentation, the patient tripped and fell over crates landing on her back while working at a banquet. The patient complained of pain to her lower back. The patient was prescribed medication and physical therapy. The patient was also recommended acupuncture. The patient received x-rays and an MRI of her lower back which revealed L1-2 5 mm left paracentral herniated disc impinging upon the anterior aspect of the thecal sac and extending over the left posterior body of L2 for a distance of 10 mm, as well as L3-4 2 mm broad-based disc bulge, facet arthropathy and hypertrophy, L4-5 4 mm broad-based disc protrusion, and L5-S1 2 mm disc protrusion or bulge. The patient was diagnosed with lumbar HNP and lumbar radiculopathy. Examination revealed decreased sensation in the left L4, L5 and S1 dermatomes with 4+/5 strength in the left tibialis anterior and extensor hallucis longus (EHL) and 5-/5 strength in the tibialis anterior and EHL on the right. The patient continues to complain of low back pain that is rated at a 3 on a scale of 1-10. The patient stated in the clinical documentation submitted that she continues her home exercise program and pain medication. â¿¿

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection Left L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines the California MTUS, Chronic Pain Medical Treatment Guidelines Pag.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, section on Epidural Steroid Injections (ESIs) Pa.

Decision rationale: MTUS Chronic Pain Guidelines recommend for an Epidural Steroid injection that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and must be initially unresponsive to conservative treatment. Although the patient has been diagnosed with lumbar radiculopathy which was confirmed with MRI results, the MTUS Chronic Pain Guidelines state that the patient must have documented failure of conservative treatment. There was no objective clinical documentation submitted to show the patient's gains or goals in physical therapy. Therefore, the request for transforaminal ESI to the left L4-L5 is not medically necessary and appropriate.