

Case Number:	CM13-0017681		
Date Assigned:	10/11/2013	Date of Injury:	07/21/2012
Decision Date:	01/27/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/28/2013

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 and 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 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 claimant is a 31 year old male injured worker who relates back and left leg pain. A physical therapy progress note from 10/12 was reviewed. Examination on 6/3/13 and again on 7/29/2013 demonstrated positive straight leg raise on the left, no examination of cutaneous sensation, and symmetric and intact lower extremity strength and reflexes. An MRI L/S from 9/11/12 was cited as "unremarkable". On 7/10/13 chiropractic care was noted to be providing some benefit. 7/16/13 EMG/NCS demonstrated left S1 radiculopathy. On 7/29/13 it was noted that the patient had failed NSAIDs, opiates, and muscle relaxants.

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 L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Chronic Pain Guidelines note that Epidural Steroid Injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The provider suggests that a positive

straight leg raise is sufficient to meet the requirements for physical exam evidence of radiculopathy. However, radiculopathy implies that there is measurable loss in power in the relevant myotome or deep tendon reflex relevant to the putative affected nerve root(s). In the absence of any delineated specific MTUS Chronic Pain Guidelines' physical exam criteria for radiculopathy, then the generally accepted definition of radiculopathy should be assumed, which makes the requested medical service medically not necessary per strict interpretation of the Guidelines. The request for transforaminal epidural steroid injection left L5-S1 is not medically necessary and appropriate.