

Case Number:	CM13-0022364		
Date Assigned:	11/13/2013	Date of Injury:	11/30/2012
Decision Date:	01/28/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/10/2013

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, and is licensed to practice in Illinois. 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 55-year-old female who reported an injury on 11/30/2012. The mechanism of injury was stated to be that the patient was removing trash on a high lift truck, and she was noted to slip and fall on the floor due to a wet floor. The patient was noted to have a diagnosis of chronic low back pain and right L5 radiculopathy with active physiotherapy and no improvement. The request was made for a lumbar epidural steroid injection at L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L5 (no laterality provided): Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend that for an epidural steroid injection, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and it must be initially unresponsive to conservative treatment. The clinical documentation submitted for review indicated that the patient had an EMG on 11/30/2012 that revealed right L5 radiculopathy and the patient had an

MRI on 02/08/2013 which revealed that the patient, at L4-5, had a right worse than left foraminal stenosis without spinal canal stenosis, and the patient had L5-S1 left foraminal stenosis. However, both studies were not provided for this review. Objectively, the patient was noted to have low back pain with pain and numbness into the lower extremities. The patient was noted to have guarding and muscle spasms with painful range of motion and tenderness to palpation at the bilateral paraspinal musculature. The clinical documentation submitted for review failed to provide that the patient had radiculopathy on objective examination as there was a lack of documentation of myotomal and dermatomal findings to support radiculopathy. Additionally, there was a lack of official copies of the MRI and EMG to support the diagnosis of radiculopathy. There was a lack of documentation of laterality. Given the above, the request for a lumbar epidural steroid injection at L5, is not medically necessary.