

Case Number:	CM13-0023075		
Date Assigned:	11/15/2013	Date of Injury:	09/27/1995
Decision Date:	01/03/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/11/2013

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, has a subspecialty in Interventional Spine 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.

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 IMR application shows the injury date as 1995, and that there is a dispute with the 8/8/13 UR decision on a bilateral L4/5 TFESI. The UR letter is by [REDACTED] and is responding to a medical report from [REDACTED] received on 8/5/13. UR denied the TFESI because there was no indication of failed conservative care with PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural injection bilateral L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints and Epidural steroid injections (ESIs), which.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: I do not know if I have been provided the same records as UR. I do not have any reports from [REDACTED] in this August 2013 timeframe, but I do have reports from the orthopedist and neurosurgeon. I have the 8/6/13 AME supplemental report form [REDACTED], who reviews a deposition and says it does not change his opinion. I have the 8/8/13 report from the neurosurgeon [REDACTED], who says the low back is bothering him, but not as much as in the past. On his neurological exam, there were no motor deficits, no sensory deficits and reflexes were symmetrical. Then I have a 8/22/13 report from the orthopedist, [REDACTED] who is

recommending arthroscopic left knee surgery. The 4/5/13 lumbar CT scan shows left neural foraminal narrowing at L5/S1 from bony spurring, but patent neural foramina at L4/5. I do not see that the patient meets the MTUS criteria for radiculopathy down either leg. There are no imaging findings to suggest any nerve compression at L4/5. The request for bilateral transforaminal ESI at L4/5 is not in accordance with MTUS guidelines.